

EXISTING CUSTOMER: ☐ YES ☐ NO IF YES COMPLETE FORM ON REVERSE

BORROWER 1

1. NAME

Surname DOB / /

First Name(s) ☐ Male ☐ Female

No. of dependants ☐ Single ☐ Divorced/Separated ☐ Married ☐ Widowed NZ Resident (Permanent) ☐ Yes ☐ No

2. ADDRESS

No. & Street

Suburb City

☐ Mortgage ☐ Freehold ☐ Renting ☐ Boarder ☐ Living with Parents/Relatives

How long at this address? Yrs Mths If less than 2 years How long at previous address? Yrs Mths Rent/Mortgage (circle) \$ per wk/mth

3. CONTACT

Home ph () Work ph ()

Mobile () Email

4. EMPLOYMENT

Company Name

Suburb City

How long at job? Yrs Mths If less than 2 years How long at previous job? Yrs Mths

5. WORK TYPE - TICK ONE

- ☐ Trade/Construction ☐ Driver
- ☐ Factory ☐ Labourer
- ☐ Beneficiary/Student ☐ Office Staff
- ☐ Sales/Service ☐ Professional
- ☐ Manager ☐ Executive/Director
- ☐ Defence/Police ☐ Retired
- ☐ Home duties ☐ Self employed

6. IF SELF EMPLOYED - ACCOUNTANT NAME

Accountant phone number

()

7. INCOME

- ☐ Full time ☐ Part time/Beneficiary
- ☐ Casual ☐ Seasonal

Take home pay after tax \$

☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Annually

8. PRIVATE MOTOR VEHICLE

Rego Year

Second car

Rego Year

9. CREDIT CARD

☐ Visa ☐ Other

☐ Mastercard

☐ Store card

10. TWO NEXT OF KIN (Not living with you. Must be at different addresses in New Zealand)

First Name Surname

Mobile () Ph ()

First Name Surname

Mobile () Ph ()

11. PAYMENT METHOD

Bank Branch Account number Suffix

☐ Direct Debit ☐ Internet/Tele Banking

Pref. Pay Day Frequency: ☐ Weekly ☐ Fortnightly ☐ Monthly

12. IDENTIFICATION AND PRIVACY ACKNOWLEDGEMENT SECTION Please note any ID used must be an original and sighted by the Retailer

Signature Declaration; I have read, fully understood and agree with the Privacy Acknowledgment and further declarations on the reverse of this form.

Signature Date / /

☐ I do not want to receive the Finance Now Card

☐ NZ Drivers Licence ☐ NZ/AUS Passport ☐ Firearms Licence

DL Version (Sb) ID Number

☐ O/seas Passport country ID Expiry

O/seas PP Visa Type ☐ Work ☐ Resident Visa Expiry

Signature Date / /

☐ I do not want to receive the Finance Now Card

☐ NZ Drivers Licence ☐ NZ/AUS Passport ☐ Firearms Licence

DL Version (Sb) ID Number

☐ O/seas Passport country ID Expiry

O/seas PP Visa Type ☐ Work ☐ Resident Visa Expiry

13. RETAILER SECTION Remember to sight original ID's only

Retailers/Introducers Confirmation of Applicants Identification:

I confirm that I have personally sighted the original identification recorded above and verified for EACH applicant.

Salesperson Name:

I further confirm that where the applicant(s) have applied for insurance that the relevant booklet(s) have been delivered to each applicant. Salesperson Signature:

Retailer Name <input style="width: 100%;" type="text"/> Retailer Code <input style="width: 100%;" type="text"/> Salesperson POS Reward No. <input style="width: 100%;" type="text"/> FNL Product Code <input style="width: 100%;" type="text"/> Int Rate <input style="width: 30px;" type="text"/> % pa Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Price \$ <input style="width: 100%;" type="text"/> Deposit \$ <input style="width: 100%;" type="text"/> Loan Amount \$ <input style="width: 100%;" type="text"/> Term <input style="width: 30px;" type="text"/> Int Free/Def Term <input style="width: 30px;" type="text"/> Booking Fee \$ <input style="width: 100%;" type="text"/>	Goods Financed Description <input style="width: 100%;" type="text"/> Vehicle Accessories fitted (if applicable must be completed) Make <input style="width: 30px;" type="text"/> Model <input style="width: 30px;" type="text"/> Rego No. <input style="width: 100%;" type="text"/>
--	--	--

BORROWER 1	
1. NAME	
Surname	DOB / /
First Names	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. ADDRESS	
No. & Street	
Suburb	City

BORROWER 2	
1. NAME	
Surname	DOB / /
First Names	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. ADDRESS	
No. & Street	
Suburb	City

3. TWO NEXT OF KIN (Not living with you. Must be at different addresses in New Zealand)	
First Name	Surname
Mobile ()	Ph ()
First Name	Surname
Mobile ()	Ph ()

4. PRIVACY CONSENT & ACKNOWLEDGEMENT

To Finance Now Limited ("FNL"), 81 Yarrow Street, Invercargill.

Declaration

I/we agree that if this application is accepted by Finance Now Limited "FNL", then I/we will be bound by the Terms and Conditions contained in the relevant Secured/Unsecured Loan agreement. I/we have read and understood the particulars which have been completed in this application form and declare that they are true and complete and have been made to FNL to enable FNL to determine whether or not to provide finance.

I/we have read and understood the Privacy Acknowledgement on this form and the insurance policy booklet(s) if I have applied for insurance. Any sales voucher or Credit Contract signed by me/us shall have no effect unless and until FNL has approved this application and the facility has come into existence. This offer may be accepted by FNL communicating such acceptance to me/us either verbally or in writing and either directly or through a representative. Where there are two applicants, it shall be sufficient acceptance of this offer if FNL communicates its acceptance to either of us.

Insurance:

Where a contract for insurance is entered into with any insurer ("the Insurer") as a condition of or in conjunction with the credit facilities to which this application relates or where the premium for a contract of insurance is financed by FNL: This application constitutes all or part of the proposal for such insurance. The insurance policy is in the Insurer's current standard form, further copies of which can be obtained from FNL's website. If I/we default on any payment due under the credit facilities to which this application relates, FNL may, at its entire discretion and at any time after my/our default: (1) terminate my/our cover under the relevant insurance policy; and (2) where the insurance policy is terminated, request that the Insurer pay any proportionate rebate of the premium under the insurance contract which is due to me, to FNL and authorise FNL to apply such refund towards my/our default. I/we authorise the disclosure of personal information held by any other party regarding: (1) my/our previous insurances of whatever kind and all previous claims under such insurances; or (2) any matter that the Insurer may reasonably regard as relevant to my/our insurance or any claim made there under.

Privacy Act Acknowledgement - Privacy Act 1993

Where this application has been completed by a Retailer, Introducer or Broker, I/we authorise the Retailer, Introducer or Broker to refer this application to FNL and its associated insurance providers.

I/we acknowledge that the information herein contained and/or obtained pursuant hereto, and/or obtained through the administration of my/our contract ("the Information") will be used for the purpose of:

- Assessing my/our current and on-going credit worthiness;
- Administering, financing, insuring and enforcing my our contract(s);
- Maintaining the integrity and effectiveness of FNL's credit records, the credit records of FNL's parent Southland Building Society ("SBS Bank") and those of credit reporting agencies;
- Collecting, compiling and/or reviewing information, including both positive and negative information about my/our credit history such as information about my/our credit repayment record;
- Marketing goods and services provided by FNL and its assigns or related companies.

I/we irrevocably authorise FNL for any and all of the foregoing purposes:

- To obtain information that is reasonably required concerning me/us from any source including, but not limited to, credit reporting agencies, employers, past and current credit providers. You hereby permit all of these parties to provide such information to FNL;
- To collect, retain and use the Information, including for the purpose of e-mail and eMoney services, and other electronic or social media marketing or communication services between me/us and FNL and/or its assigns or related companies used in connection with the purposes outlined above;
- To provide the Information to brokers, credit reporting agencies and insurers providing insurance services incidental to my/our contract(s);
- In the event that this application is declined, to disclose the reasons for the decline to the Retailer, Introducer or Broker, as the case may be;
- In the event of my/our default, to provide the Information (together with details of the my/our dealings with FNL) to credit reporting agencies, SBS Bank and to any person providing services to FNL in connection with my/our contract(s).

Provision of Additional Services

I/we understand and authorise that from time to time FNL may disclose my/our personal information or disclose my/our name, address and phone number to another agency, approved by FNL, for the purpose of market research and/or offering additional credit facilities. If you do not want to receive these additional products and services please indicate in the box provided.

☐ I do not.

The information shall be held by FNL at the business address(es) of FNL and by other persons for the purposes described above. Where the Information can be readily retrieved, you shall have access to it, the right to request correction and the right to be notified of action taken in response to any

5. ACCOUNT DETAILS

Bank	Branch	Account number	Suffix	<input type="checkbox"/> Direct Debit <input type="checkbox"/> Internet/Tele Banking
Pref. Pay Day _____				Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly

6. IDENTIFICATION AND PRIVACY ACKNOWLEDGEMENT SECTION Please note any ID used must be an original and sighted by the Retailer

Signature Declaration; I have read, fully understood and agree with the Privacy Acknowledgment and further declarations on the reverse of this form.

Signature	Date / /	Signature	Date / /
-----------	----------	-----------	----------

☐ I do not want to receive the Finance Now Card

☐ I do not want to receive the Finance Now Card

<input type="checkbox"/> NZ Drivers Licence <input type="checkbox"/> NZ/AUS Passport <input type="checkbox"/> Firearms Licence DL Version (Sb) _____ ID Number _____ <input type="checkbox"/> O/seas Passport country _____ ID Expiry _____ O/seas PP Visa Type <input type="checkbox"/> Work <input type="checkbox"/> Resident Visa Expiry _____	<input type="checkbox"/> NZ Drivers Licence <input type="checkbox"/> NZ/AUS Passport <input type="checkbox"/> Firearms Licence DL Version (Sb) _____ ID Number _____ <input type="checkbox"/> O/seas Passport country _____ ID Expiry _____ O/seas PP Visa Type <input type="checkbox"/> Work <input type="checkbox"/> Resident Visa Expiry _____
--	--

7. RETAILER SECTION Remember to sight original ID's only

Retailers/Introducers Confirmation of Applicants Identification:		Remember to sight original ID's only	
I confirm that I have personally sighted the original identification recorded above and verified for EACH applicant.		Salesperson Name: _____	
I further confirm that where the applicant(s) have applied for insurance that the relevant booklet(s) have been delivered to each applicant.		Salesperson Signature: _____	
Retailer Name _____	Price \$ _____	Goods Financed Description _____	
Retailer Code _____	Deposit \$ _____	Vehicle Accessories fitted (if applicable must be completed)	
Salesperson POS Reward No. _____	Loan Amount \$ _____	Make _____ Model _____	
FNL Product Code _____	Term _____ Int Free/Def Term _____	Rego No. _____	
Int Rate _____ % pa	Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		
Booking Fee \$ _____			