

Application for Guarantor

Guarantor Details

of					
	•••••		Pos	stcode	
request the APS Ben	efits Group	Ltd grant a person	al loan of \$		
to					
and in consideration fullseverally liable fo	for which I a or the payme	agree to sign the P	Precontractual Statement (contra ted.		
Guarantor marital sta	atus is:				
If married or defact	o, please ad	vise partner's name	e		
Age () Date	of Birth	My re	lationship to the borrower is tha	at of	
Number of years at o	current addr	ess If les	s than 12 months, please advise	previous address	
Previous address			P	Postcode	
Please indicate:		Buyi	ing / Renting / Own		
Drivers Licence Num	nber		State		I
am employed by	••••••		•••••••••••••••••••••••••••••••••••••••		
Employer's Address	5				
Employer's Address	5			nployed for	. years
Employer's Address My occupation is I am employed	5	My	and have been er	nployed for per fortnight.	. years
Employer's Address My occupation is I am employed Telephone numbers	s s Business	Му	gross income is \$	nployed for per fortnight.	
Employer's Address My occupation is I am employed Telephone numbers	s s Business	My Email	gross income is \$	nployed for per fortnight.	
Employer's Address My occupation is I am employed Telephone numbers Mobile Please attach a cop This request shall no is signed by me. I he	s Business by of a recen ot become b ereby author	My Email t payslip. inding until after th isethe APS Benefit	gross income is \$	nployed for per fortnight. ed and the Precontract Advantage" and any ot	 . years ual Statement ner credit
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(per fortnight)

Gross income	Applicant 1	Applicant 2	Total
Wages (as per pay slips)	\$	\$	\$
Centrelink Income	\$	\$	\$
Rental income	\$	\$	\$
Other income (please specify)	\$	\$	\$
Total	\$	\$	\$

Assets

(The combined assets of both applicants)

Real estate (please list the address)	State	Postcode	Value
			\$
Savings or deposit accounts (please provide the	Balance		
			\$
Motor vehicles (please provide the year, make a	and model of each ve	hicle)	Value
			\$
			\$
Furniture and household contents			Value
			\$
Shares (please provide the name of listed comp	any and number of s	hares owned)	Value
			\$
Superannuation			Value
			\$
Other assets (please specify)			
			Value
			\$

Total assets \$

Liabilities

(The combined liabilities of both applicants)

Home loans (please list the financial institution(s))	Baland	ce owing	For	tnightly payment	Interest rate
Personal loans (please list lenders name(s))		Baland	ce owing	For	tnightly payment	Interest rate
Personal loans (please list the lender name(s))	I	Baland	ce owing	For	tnightly payment	Interest rate
Car loans (or hire purchase or lease)		Balano	ce owing	For	tnightly payment	Interest rate
Other loans (please list the lender name(s))		Balano	ce owing	For	tnightly payment	Interest rate
Credit cards (list the financial institution(s))	Limit		Balance or	wing	Fortnightly payment	Interest rate
	\$		\$		\$	
	\$		\$		\$	

Other commitments	Fortnightly payment
Rent/Board	\$
Child support maintenance	\$
HECS/HELP Fees	\$
Furniture/ Equipment rental	\$
Other (please specify)	\$
Other (please specify)	\$

Balance owing

\$

Fortnightly payment

Total liabilities

Declarations and agreements

I/We the Applicant(s) named herein,

1. Being a member(s) of, or eligible to become a member(s) of the APS Benefits Group Limited (hereinafter referred to as the "APS Benefits Group" or the "Group") apply for a loan as detailed in this application and I/we will, if this application is approved, immediately apply for membership of the Group and comply with the Group's Constitution, Articles of Association and By-Laws.

2. Understand I/we must not enter into any contractual or legal commitment, which relies on the approval of this application until the APS Benefits Group has given written approval.

3. Have not relied in any way on any representation or warranty of any kind made by the APS Benefits Group or any delegate, officer, employee, agent or contractor of the APS Benefits Group in relation to the terms of the proposed credit applied for, this application or the acceptance of this application by the APS Benefits Group.

4. Agree that the APS Benefits Group may give information regarding my/our application details with my/our employer, estate agent or other related entity (as defined in the Corporation Law) of the APS Benefits Group.

5. Acknowledge that the authorisations referred to in this application shall continue in full force and effect until all credit made available to me/us for credit has been discharged in full.

6. DO SOLEMNLY AND SINCERELY DECLARE THAT I/WE ARE NOT UNDISCHARGED BANKRUPT(S) AND THAT THE SEVERAL STATEMENTS AND ANSWERS TO QUESTIONS MADE IN THIS APPLICATION ARE TRUE AND CORRECT IN EVERY PARTICULAR.

Notice of disclosure of your credit information to a credit reporting agency (Privacy Act 1988)

GIVING INFORMATION TO A CREDIT REPORTING AGENCY (SECTION 18 E (1) (8) (C) PRIVACY ACT 1988)

The APS Benefits Group may give information about you to a credit-reporting agency to obtain a consumer credit report about you and/or to allow the credit-reporting agency to create/maintain a credit information file containing information about you. This information is limited to: – Identity particulars your name, gender, date of birth, address (past and present), name of employer and drivers licence number.

- The fact that you have applied for credit, the amount and that the Group is a credit provider to you.
- Loan repayments that are overdue by more than sixty days, and for which debt collection action has been started.
- Advice that loan repayments are no longer overdue in respect of any default that has been listed.
- Cheques for an amount greater than \$100 drawn by you which have been dishonoured more than once.
- The opinion of the Group that you have committed a serious credit infringement.
- That the credit provided for by the Group has been paid or otherwise discharged.

AUTHORITY FOR THE GROUP TO OBTAIN AND USE CERTAIN INFORMATION

To enable the APS Benefits Group to assess my/our application for personal credit or for the purpose of collecting overdue payments from me/us to the APS Benefits Group. I/we authorise the Group to obtain from a credit reporting agency a credit report containing personal information about me/us in relation to personal credit provided by the APS Benefits Group.

EXCHANGING INFORMATION WITH OTHER CREDIT PROVIDERS (SECTION 18N (1) (b) PRIVACY ACT 1988)

I/We agree to the APS Benefits Group checking information about me/us with any credit provider named in my/our application for credit, and with other credit providers that may be named in a credit report issued by a credit reporting agency, for any of the following purposes: – To assess an application by me/us for credit and also to assess my/our credit worthiness.

- To assess an application by me/us for credit and also to assess my/our credit worthiness.
- To exchange information with other credit providers as to the status of this loan where I am in default with other credit providers.
- To notify a default by me/us and the collection of overdue payments.

I/we understand that this information can include any information about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give to or receive from each other under the Privacy Act 1988.

I/we understand that this information can include any information about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give to or receive from each other under the Privacy Act 1988.

AGREEMENT THAT THE GROUP MAY SEEK COMMERCIAL AND CONSUMER CREDIT INFORMATION (SECTIONS 18L (4), 18K (1) (b) PRIVACY ACT 1988)

If relevant, I/we agree to the APS Benefits Group obtaining a report about my/our commercial activities/credit worthiness from a business which provides information about the commercial credit worthiness of persons, and I/we agree to the APS Benefits Group obtaining from a credit reporting agency a credit report containing personal information about me/us in relation to commercial credit provided by the APS Benefits Group.

AUTHORITY FOR PROPOSED GUARANTOR TO SEEK INFORMATION (SECTION 18N (1) (ga) (ii) PRIVACY ACT 1988)

I/we agree that the APS Benefits Group may give to a person who is currently a guarantor, or whom I/we have indicated is considering becoming a guarantor, a credit report containing information about me/us for the purpose of the prospective guarantor deciding whether to act as guarantor or to keep the existing guarantor informed about the guarantee and I/we understand that the information disclosed can include anything about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to disclose under the Privacy Act including a credit report.

PRIVACY

The APS Benefits Group is committed to ensuring the confidentiality and security of your personal information. This information is being collected for the purposes of processing your application and assisting us with improving our service to you. If the information is not provided, the APS Benefits Group may be unable to process your application. It may be necessary for us to disclose your information to consultants we engage, such as lawyers, accountants, actuaries, and credit reporting agencies, or to regulatory authorities, if required by law. You have the right to access and alter any of the personal information concerning yourself in accordance with the Act. This information will not be on sold or made publicly available. Please direct any enquiries to our Privacy Officer on 1300 131 809. Our full privacy policy is available on www.apsbenefitsgroup.com.au

A member who is paying loan installments for his/her spouse through his/her salary must also sign the loan contract as a co-borrower, thus becoming jointly and severally liablefor the full repayment of this loan.

What are my financial circumstances?	YES	NO	N/A
Do you anticipate an increase to your expenses/liabilities over the next 12 months (excluding this application)?			
Do you anticipate a decrease in your income during the next 12 months (ie extended unpaid leave)?			
If you operate a business, do you anticipate a reduction in your income/profit during the next 12 months?			
Are you unable to meet your current financial commitments?			
Are you aware of any information relevant to your application that has not been provided and could have an adverse impact on your financial circumstances?			
Are you aware of any future change in your employment which may adversely affect your ability to meet your current and future financial obligations?			

Applicant 1

Title	Given name(s)	Surname
		Date

Signature

Applicant 2

Title	Given name(s)	Surname	
			J
		Date	

Signature

When you're done, email the guarantor application to: loans@apsbenefitsgroup.com.au