

Application for Guarantor

Guarantor Details

l,					
of			Pos	stcode	
request the	APS Benefits Grou	ıp Ltd grant a persona	al loan of \$		
to					
and in consi fullseverally	deration for which liable for the payr		recontractual Statement (contra ted.		
Guarantor n	narital status is:				
If married o	or defacto, please	advise partner's name	2		
Age ()	Date of Birth	My rel	ationship to the borrower is tha	t of	•••••
Number of	years at current ac	dress If less	than 12 months, please advise	previous address	
Previous a	ddress		P	ostcode	
Please indic	ate:	Buyir	ng / Renting / Own		
Drivers Lice	nce Number		State		l
am employe	ed by				
Employer's	Address				
My occupa	tion is		and have been en	nployed for	years
I am employ	ved	My	gross income is \$	per fortnigh	t.
Telephone	numbers Busine	ss	Home		
Mobile		Email			
Please atta	ch a copy of a rec	ent payslip.			
is signed by	me. I hereby auth defined by the Pri	orisethe APS Benefit	is application has been accepte s Group Ltd to refer to "VEDA A der to assess my credit rating ir	Advantage" and any o	ther credit
Dated th	iis	. day of	Two thousand and		•••••
Signed			in the presence	e of	
(Signature of Witness)		Name of Witne	ss (Please Print)		
	440 William Street	PO Box 326	Phone 1300 131 809	APS Benefits Group Lt	d
	West Melbourne	North Melbourne	info@apsbenefitsgroup.com.au	ACN 077 846 809	
	VIC 3003	VIC 3051	www.apsbenefitsgroup.com.au	AFSL 244115	Page 1 of 5

(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	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))		Balanc	e owing	Forti	nightly payment	Interest rate
Personal loans (please list lenders name(s))		Balanc	e owing	Forti	nightly payment	Interest rate
Personal loans (please list the lender name(s))	I	Balanc	e owing	Forti	nightly payment	Interest rate
Car loans (or hire purchase or lease)		Balanc	e owing	Forti	nightly payment	Interest rate
Other loans (please list the lender name(s))		Balanc	e owing	Forti	nightly payment	Interest rate
Credit cards (list the financial institution(s))	Limit		Balance ov	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.
- So that my application can be assessed, I consent to you and your service provider, Equifax Verification Exchange®: collecting, using and disclosing my personal information to my employers (or to payroll or other service providers who might act on behalf of my employers) to identify me; and
- collecting and using my employment income, history and related information from such parties to allow you to verify those matters.

I consent to Equifax Verification Exchange® using and disclosing my personal information in accordance with its Verification Exchange Collection Statement.#

the Verification Exchange Collection Statement reference is a hyperlink to https://www.equifax.com.au/hrsolutions/pdf/vecollection-statement.pdf

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)

IAWe 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 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