



Australian Credit Licence No 387406

ENQUIRY FORM

| | | | |
|-----------------|---|-----------------|---------------|
| Applicant 1 | <table><tr><td>Given names</td><td>Surname</td></tr></table> | Given names | Surname |
| Given names | Surname | | |
| Applicant 2 | <table><tr><td>Given names</td><td>Surname</td></tr></table> | Given names | Surname |
| Given names | Surname | | |
| Loan details | <table><tr><td>Purpose of loan</td></tr><tr><td>Amount sought</td></tr></table> | Purpose of loan | Amount sought |
| Purpose of loan | | | |
| Amount sought | | | |

PLEASE COMPLETE ALL RELEVANT INFORMATION

SYNERGY HOME LOANS (AUSTRALIA) PTY LTD
Suite 5 QV Centre, 7 High Street, Launceston, Tas 7250. PO Box 999
Telephone: (03) 6331 7474 Facsimile: (03) 6331 9909 National: 1300 664 339
Email: support@synergyhomeloans.com.au
ACN 106 068 517 - ABN 15 106 068 517

PERSONAL PARTICULARS

To be completed by both personal and corporate borrowers and guarantors

APPLICANT ONE

| | | |
|---|---|--|
| <input type="checkbox"/> Applicant | <input type="checkbox"/> Director/Partner | <input type="checkbox"/> Guarantor |
| First Home Buyer | <input type="checkbox"/> Yes <input type="checkbox"/> No | Aust Resident <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surname | | |
| Other Names | | |
| Title Mr/ Mrs/ Ms | | Marital Status |
| Date of Birth | | No. of Dependents |
| Age of Dependents | | |
| Full Name of Spouse | | |
| Have you ever been known by any other names? (If yes give details) | | |
| Driver's Licence No. | | |
| Current Residential Address of Applicant | | |
| | | |
| Postcode | For | years <input type="checkbox"/> Owned <input type="checkbox"/> Rented |
| Telephone (H) | | (W) |
| Mobile | | Fax |
| Email | | |
| Postal Address | | |
| Previous Address of Applicant | | |
| | | |
| Postcode | for | years |
| Post Settlement Address | | |
| | | |
| Occupation | | |
| Employer | | |
| Address | | |
| | | |
| Telephone: | | |
| Since | | |
| Probation | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Employment Type | <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Casual | |
| Previously Employed by | | |
| From | | To |
| Mother's Maiden Name | | |
| Nearest Relative Details | | |
| Name | | |
| Address | | |
| | Telephone | |
| Relationship to Applicant | | |

APPLICANT TWO

| | | |
|---|---|--|
| <input type="checkbox"/> Applicant | <input type="checkbox"/> Director/Partner | <input type="checkbox"/> Guarantor |
| First Home Buyer | <input type="checkbox"/> Yes <input type="checkbox"/> No | Aust Resident <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surname | | |
| Other Names | | |
| Title Mr/ Mrs/ Ms | | Marital Status |
| Date of Birth | | No. of Dependents |
| Age of Dependents | | |
| Full Name of Spouse | | |
| Have you ever been known by any other names? (If yes give details) | | |
| Driver's Licence No. | | |
| Current Residential Address of Applicant | | |
| | | |
| Postcode | For | years <input type="checkbox"/> Owned <input type="checkbox"/> Rented |
| Telephone (H) | | (W) |
| Mobile | | Fax |
| Email | | |
| Postal Address | | |
| Previous Address of Applicant | | |
| | | |
| Postcode | for | years |
| Post Settlement Address | | |
| | | |
| Occupation | | |
| Employer | | |
| Address | | |
| | | |
| Telephone: | | |
| Since | | |
| Probation | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Employment Type | <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Casual | |
| Previously Employed by | | |
| From | | To |
| Mother's Maiden Name | | |
| Nearest Relative Details | | |
| Name | | |
| Address | | |
| | Telephone | |
| Relationship to Applicant | | |

| ASSETS | AMOUNT |
|--------------------------------------|--------|
| Bank Deposits/ Institution:_____ | |
| Savings:_____ | |
| Term:_____ | |
| Cheque:_____ | |
| Other Cash Investments:_____ | |
| Principal Dwelling:_____ | |
| Investment Properties:_____ | |
| Deposit Paid:_____ | |
| Superannuation (Current Value):_____ | |
| Motor Vehicles:_____ | |
| Share Portfolio:_____ | |
| Furniture / Fittings:_____ | |
| Personal Effects:_____ | |
| Other:_____ | |
| Net Business Equity | |
| Total Assets: | |

| LIABILITIES | MONTHLY PAYMENTS | AMOUNT | <input checked="" type="checkbox"/> |
|--------------------------------------|------------------|--------|-------------------------------------|
| Credit Cards/ Institution:_____ | | | |
| Limit \$ | | | |
| Limit \$ | | | |
| Limit \$ | | | |
| Overdraft/ Institution:_____ | | | |
| Mortgages / Institution:_____ | | | |
| Mortgages / Institution:_____ | | | |
| Personal Loans / Institution:_____ | | | |
| Hire Purchase / Lease:_____ | | | |
| List Institution:_____ | | | |
| Guarantees / Other Liabilities:_____ | | | |
| Other:_____ | | | |
| Total Monthly Payments: | | | |
| Total Liabilities: | | | |
| Surplus: | | | |

NB: Please tick those liabilities to be refinanced by this loan application

LIVING EXPENSE DECLARATION

LIVING EXPENSES

| Expense Type | Monthly Repayment / Expenses |
|--------------|------------------------------|
|--------------|------------------------------|

| Expense Type | Monthly Payment / Expenses |
|--|----------------------------|
| Basic Housing & Property Expenses (Inc. Utilities) | \$ |
| Communications & Media | \$ |
| Food & Groceries | \$ |
| Recreation & Entertainment | \$ |
| Clothing & Personal Care | \$ |
| Medical & Health | \$ |
| Transport | \$ |
| Education & Childcare | \$ |
| Insurance | \$ |
| Other | \$ |
| Total Monthly Living Expenses | \$ |

COMMENTS

SIGNATURES OF BORROWER(S) / GUARANTOR(S)

I/we confirm that the above details are a true and accurate breakdown of our combined Basic and Additional Living Expenses:

SIGNATURE (1) **PRINT NAME** **DATE**

SIGNATURE (2) **PRINT NAME** **DATE**