

Australian Credit Licence No 387406

## **ENQUIRY FORM**

Applicant 1	Given names	Surname
Applicant 2	Given names	Surname
Loan details	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 augranto

APPLICA				10 be cc	impleted by both personal	APPLICA					
Applicant First Home Buy		Director/Po				First Home B					1
Surname		_ Yes _ N	0	Aust Reside	nt 🛄 Yes 🛄 No	Surname	oyer	Yes N	0	Aust Resident Yes	No
Other Names						Other Name	s				
Title Mr/ Mrs/	/ Ms		Mo	arital Status		Title Mr/ Mrs	s/ Ms		M	arital Status	
Date of Birth				No. of	Dependants	Date of Birth				No. of Dependants	
Age of Depend	dants					Age of Depe	ndants				
Full Name of S	pouse					Full Name of	Spouse				
Have you ever	r been know	n by any other	names?			Have you eve	er been kno	own by any other	names?		
(If yes give det	tails)					(If yes give d	etails)				
Driver's Licenc	ce No.					Driver's Licer	nce No.				
Current Reside Address of Ap	ential					Current Resid Address of A	dential				
							ppnoann [				
Postcode		For		years	Owned Rented	Postcode		For		years Owned Re	nted
Telephone	(H)			(₩)		Telephone	(H)			(W)	
Mobile				Fax		Mobile				Fax	
Email						Email					
Postal Address	s					Postal Addre	ss				
Previous Addr	ress of Appli	cant				Previous Add	lress of App	olicant			
Postcode		for		years		Postcode		for		years	
Post Settlemen Address	ıt					Post Settleme Address	nt				
Occupation						Occupation					
Employer						Employer					
Address						Address					
							L				
Telephone:						Telephone:					
Since						Since					
Probation		Yes		No		Probation	L	Yes		No	
Employment Ty	ype	Full Time		Part time	Casual	Employment	Туре	Full Time		Part time C	Casual
Previously Emp	ployed by					Previously En	nployed by				
From				То		From				То	
Mother's Maid	den Name					Mother's Ma	iden Name				
Nearest Relativ	ve Details	l				Nearest Rela	tive Details				
Name						Name					
Address						Address					
			Telephone						Telephone		
Relationship to	o Applicant		. L			Relationship	to Applicar	nt			

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	$\checkmark$
Credit Cards/ Institution:			
Limit \$			
Limit \$			
Limit \$			
Overdraft/ Institution:			
Mortgages / Institution:			
Mortgages / Institution:			$\left  \right $
Personal Loans			
/ Institution:			
Hire Purchase / Lease:			
List Institution:			
Guarantees /			
Other Liabilities:			
Other:			
			$\left  \right $
Total Monthly Payments:			
Total Liabilities:			
Surplus:			
6 II I.I			

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

This declaration is to be completed and signed by all intended applicants of this loan.

LIVING EXPENSES	
Expense Type	Monthly Repayment / 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