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APPLETREE MORTGAGE CORPORATION

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EMAIL COMPLETED APPLICATION TO:  
gary@appletree.au

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# LOAN APPLICATION

APPLICANT NAME(S)

DATE

ADDRESS

PHONE

FAX

MOBILE

EMAIL

REFERRED BY

NOTES

SIGNATURE

DATE

SIGNATURE

DATE

# LOAN APPLICATION



| INDIVIDUALS   |                                   | APPLICANT 1                        |                                  |                                   | APPLICANT 2                        |                                  |                              |                             |                               |                             |
|---|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|------------------------------|-----------------------------|-------------------------------|-----------------------------|
| TITLE   | <input type="checkbox"/> MR       | <input type="checkbox"/> MRS       | <input type="checkbox"/> MS      | <input type="checkbox"/> MISS     | <input type="checkbox"/> DR        | <input type="checkbox"/> MR      | <input type="checkbox"/> MRS | <input type="checkbox"/> MS | <input type="checkbox"/> MISS | <input type="checkbox"/> DR |
| SURNAME   |                                   |                                    |                                  |                                   |                                    |                                  |                              |                             |                               |                             |
| FIRST NAME  |                                   |                                    |                                  |                                   |                                    |                                  |                              |                             |                               |                             |
| CAPACITY OF APPLICANT   | <input type="checkbox"/> BORROWER | <input type="checkbox"/> GUARANTOR |                                  | <input type="checkbox"/> BORROWER | <input type="checkbox"/> GUARANTOR |                                  |                              |                             |                               |                             |
| PRESENT HOME ADDRESS  | _____                             |                                    |                                  | _____                             |                                    |                                  |                              |                             |                               |                             |
|   | _____                             |                                    |                                  | _____                             |                                    |                                  |                              |                             |                               |                             |
|   | POSTCODE                          |                                    |                                  | POSTCODE                          |                                    |                                  |                              |                             |                               |                             |
| AT CURRENT ADDRESS SINCE  |                                   |                                    |                                  |                                   |                                    |                                  |                              |                             |                               |                             |
| PREVIOUS ADDRESS<br><small>If current is less than 2 years</small>                            | _____                             |                                    |                                  | _____                             |                                    |                                  |                              |                             |                               |                             |
|   | POSTCODE                          |                                    |                                  | POSTCODE                          |                                    |                                  |                              |                             |                               |                             |
| TIME AT PREVIOUS ADDRESS  | YEARS                             | MONTHS                             |                                  | YEARS                             | MONTHS                             |                                  |                              |                             |                               |                             |
| POSTAL ADDRESS<br>AFTER SETTLEMENT  | _____                             |                                    |                                  | _____                             |                                    |                                  |                              |                             |                               |                             |
|   | _____                             |                                    |                                  | _____                             |                                    |                                  |                              |                             |                               |                             |
|   | POSTCODE                          |                                    |                                  | POSTCODE                          |                                    |                                  |                              |                             |                               |                             |
| PHONE NUMBERS   | HOME                              |                                    | HOME                             |                                   | HOME                               |                                  |                              |                             |                               |                             |
|   | WORK / MOBILE                     |                                    | WORK / MOBILE                    |                                   | WORK / MOBILE                      |                                  |                              |                             |                               |                             |
| EMAIL ADDRESS   |                                   |                                    |                                  |                                   |                                    |                                  |                              |                             |                               |                             |
| MARITAL STATUS  | <input type="checkbox"/> SINGLE   | <input type="checkbox"/> DIVORCED  | <input type="checkbox"/> DEFACTO | <input type="checkbox"/> SINGLE   | <input type="checkbox"/> DIVORCED  | <input type="checkbox"/> DEFACTO |                              |                             |                               |                             |
|   | <input type="checkbox"/> MARRIED  | <input type="checkbox"/> WIDOWED   |                                  | <input type="checkbox"/> MARRIED  | <input type="checkbox"/> WIDOWED   |                                  |                              |                             |                               |                             |
| DATE OF BIRTH   |                                   |                                    |                                  |                                   |                                    |                                  |                              |                             |                               |                             |
| DRIVERS LICENCE NO.   |                                   |                                    |                                  |                                   |                                    |                                  |                              |                             |                               |                             |
| OCCUPATION / POSITION   |                                   |                                    |                                  |                                   |                                    |                                  |                              |                             |                               |                             |
| EMPLOYER'S NAME   |                                   |                                    |                                  |                                   |                                    |                                  |                              |                             |                               |                             |
| WITH EMPLOYER SINCE   |                                   |                                    |                                  |                                   |                                    |                                  |                              |                             |                               |                             |
| CURRENT SALARY (\$ p.a.)  |                                   |                                    |                                  |                                   |                                    |                                  |                              |                             |                               |                             |
| PREVIOUS EMPLOYER'S NAME<br>& POSITION HELD<br><small>If in present job under 2 years</small> | _____                             |                                    |                                  | _____                             |                                    |                                  |                              |                             |                               |                             |
|   |                                   |                                    |                                  |                                   |                                    |                                  |                              |                             |                               |                             |
| NO. OF DEPENDANTS   |                                   |                                    |                                  |                                   |                                    |                                  |                              |                             |                               |                             |

| COMPANIES / TRUSTS / PARTNERSHIPS |       |                                      |  |
|-----------------------------------|-------|--------------------------------------|--|
| NAME                              | _____ |                                      |  |
| ACN                               | _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> COMPANY   |
| ABN                               | _____ | <input type="checkbox"/> TRUST       | <input type="checkbox"/> JOINT APPLICANTS <input type="checkbox"/> GUARANTOR |

# LOAN APPLICATION



| PERSONAL DETAILS  |  | APPLICANT 1  | APPLICANT 2  |
|---|--|--|--|
| NEAREST RELATIVE  |  |  |  |
| PHONE NUMBER  |  |  |  |
| ADDRESS   |  |  |  |
|   |  | POSTCODE   | POSTCODE   |
| RELATIONSHIP  |  |  |  |
| MOTHER'S MAIDEN NAME  |  |  |  |
| IS THIS YOUR FIRST PURCHASE?  |  | <input type="checkbox"/> NO <input type="checkbox"/> YES                   | <input type="checkbox"/> NO <input type="checkbox"/> YES                   |
| Have you ever been declared bankrupt?   |  | <input type="checkbox"/> NO <input type="checkbox"/> YES - Provide Details | <input type="checkbox"/> NO <input type="checkbox"/> YES - Provide Details |
| Do you have paid or unpaid defaults?  |  | <input type="checkbox"/> NO <input type="checkbox"/> YES - Provide Details | <input type="checkbox"/> NO <input type="checkbox"/> YES - Provide Details |
| Have you ever been insolvent or assigned your estate for the benefit of your creditors? |  | <input type="checkbox"/> NO <input type="checkbox"/> YES - Provide Details | <input type="checkbox"/> NO <input type="checkbox"/> YES - Provide Details |

### SOLICITOR DETAILS

|                   |     |                |  |
|-------------------|-----|----------------|--|
| SOLICITOR COMPANY |     | CONTACT PERSON |  |
| ADDRESS           |     | POSTCODE       |  |
| PHONE             | FAX | MOBILE         |  |

### ACCOUNTANT DETAILS

|                    |     |                |  |
|--------------------|-----|----------------|--|
| ACCOUNTANT COMPANY |     | CONTACT PERSON |  |
| ADDRESS            |     | POSTCODE       |  |
| PHONE              | FAX | MOBILE         |  |

### DETAILS OF LOAN REQUIRED

|                      |   |  |                                   |                                    |   |       |
|----------------------|---|--|-----------------------------------|------------------------------------|---|-------|
| LOAN AMOUNT          | INDICATIVE INTEREST RATE                | <input type="text"/>                   | <input type="checkbox"/> VARIABLE | <input type="checkbox"/> FIXED FOR | <input type="text"/>                    | YEARS |
| PURPOSE              | <input type="checkbox"/> OWNER OCCUPIED | <input type="checkbox"/> INVESTMENT    | <input type="checkbox"/> PURCHASE | <input type="checkbox"/> REFINANCE | <input type="checkbox"/> CONSTRUCTION   |       |
| FACILITY REQUIRED    | <input type="checkbox"/> P&I            | <input type="checkbox"/> INTEREST ONLY | <input type="text"/>              | YEARS                              | <input type="checkbox"/> LINE OF CREDIT |       |
| SPECIFY LOAN PURPOSE |   |  |                                   |                                    |   |       |
| <br>                 |   |  |                                   |                                    |   |       |

### SECURITY OFFERED FOR THE LOAN

|                                    |  |  |  |
|------------------------------------|--|--|--|
| ADDRESS                            |  |  |  |
| SUBURB                             |  | POSTCODE                               |  |
| REGISTERED PROPRIETORS OF PROPERTY | SAME AS BORROWER                         | ABBREVIATED NAME (i.e. R&S Smith)      |  |
| After settlement of this mortgage  | <input type="checkbox"/>                 |  |  |
| USE OF PROPERTY                    | <input type="checkbox"/> BEING PURCHASED | <input type="checkbox"/> ALREADY OWNED |  |
| ESTIMATED VALUE OR PURCHASE PRICE  |  |  |  |
| CONTACT NAME FOR OUR VALUER        |  |  |  |
| CONTACT PHONE NUMBERS              | BUSINESS HOURS                           | MOBILE                                 |  |

# PERSONAL FINANCIAL STATEMENT



| LIABILITIES              | REFERENCE | BALANCE                            | ASSETS                   | VALUE |
|--------------------------|-----------|------------------------------------|--------------------------|-------|
| MORTGAGE WITH            |           |                                    | PROPERTY AT              | \$    |
| BRANCH                   |           |                                    |                          |       |
| REPAYMENTS               | \$        | PER MONTH <input type="checkbox"/> |                          | \$    |
| MORTGAGE WITH            |           |                                    | PROPERTY AT              | \$    |
| BRANCH                   |           |                                    |                          |       |
| REPAYMENTS               | \$        | PER MONTH <input type="checkbox"/> |                          | \$    |
| MORTGAGE WITH            |           |                                    | PROPERTY AT              | \$    |
| BRANCH                   |           |                                    |                          |       |
| REPAYMENTS               | \$        | PER MONTH <input type="checkbox"/> |                          | \$    |
| CAR LEASING WITH         |           |                                    | MOTOR VEHICLES           | \$    |
| REPAYMENTS               | \$        | PER MONTH <input type="checkbox"/> | MOTOR VEHICLES           | \$    |
| OVERDRAFT WITH           |           |                                    | CASH AT BANK             | \$    |
| REPAYMENTS               | \$        |                                    | DEPOSIT PAID ON PROPERTY | \$    |
| OTHER LOANS WITH         |           |                                    | PERSONAL EFFECTS         | \$    |
| REPAYMENTS               | \$        | PER MONTH <input type="checkbox"/> | FURNITURE & CONTENTS     | \$    |
| CREDIT CARD WITH         |           |                                    | BUSINESS VALUE           | \$    |
| LIMIT                    | \$        | PER MONTH <input type="checkbox"/> | SHARES                   | \$    |
| CREDIT CARD WITH         |           |                                    | INVESTMENTS              | \$    |
| LIMIT                    | \$        | PER MONTH <input type="checkbox"/> | SUPERANNUATION           | \$    |
| STORE CARD WITH          |           |                                    | INCOME (PER MONTH)       | \$    |
| LIMIT                    | \$        | PER MONTH <input type="checkbox"/> | INCOME 2 (PER MONTH)     | \$    |
| OTHER (Please specify)   |           |                                    | OTHER                    | \$    |
| REPAYMENTS               | \$        | PER MONTH                          | OTHER                    | \$    |
| OTHER (Please specify)   |           |                                    | OTHER                    | \$    |
| REPAYMENTS               | \$        | PER MONTH                          | OTHER                    | \$    |
| OTHER (Please specify)   |           |                                    | OTHER                    | \$    |
| REPAYMENTS               | \$        | PER MONTH                          | OTHER                    | \$    |
| <b>TOTAL LIABILITIES</b> |           | \$                                 | <b>TOTAL ASSETS</b>      | \$    |
|                          |           |                                    | <b>SURPLUS ASSETS</b>    | \$    |

**I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE & CORRECT**

SIGNATURE APPLICANT 1

SIGNATURE APPLICANT 2

DATE

DATE

## PRIVACY ACT AUTHORISATION

### Authority for an agent to obtain individual's credit information file held by credit reporting agency/s

#### Under the *Privacy Act 1988* and *Privacy Amendment (Private Sector) Act 2000*

By signing this you acknowledge and consent to the following; **Appletree Mortgage Corporation**

collects personal information about me/us being each of the applicants & guarantors whose signatures appears below, for the purpose of assessing the application for finance and forwarding it to one or more of the financiers used by Appletree Mortgage Corporation for this purpose, all of whom are collectively referred to as credit providers in the consent. Appletree Mortgage Corporation will disclose this information to the credit providers and may also disclose it to its agents contractors, external advisers, suppliers of goods, merchantile agents, collection agencies, insurers, and any business that provides information about credit worthiness of persons ("credit reporting agencies") for the purpose of credit and reference checking.

I/We acknowledge that if we do not provide this information, Appletree Mortgage Corporation or the Credit providers may not be able to process this application for finance. I/We are able to gain access to the information held about me/us by Appletree Mortgage Corporation, subject to exceptions stated in the *Privacy Act 1988(6th)* ("the privacy act")

The credit providers collect personal information about me/us for one or more of the following purpose;

- Assessing the application for finance;and
- Provide finance to the Applicant/s

Subject to providing direct consent to the Credit Providers, I/We agree that the redit providers may do all of the following;

1. Seek and use commercial or consumer information about me/us from the credit reporting agency.
2. Seek from or give (i) any Credit Provider named in the application for finance or the information obtained under paragraph 1 above or (ii) any body which maintains a register of emcumbered vehicle/s (such as REVS) or (iii) a Credit Reporting Agency and personal information about me/us, and any information about my/our creditworthiness, credit standing, credit history or credit capacity in accordance with the *Privacy Act*.
3. Give to any sources disclosed in the application for finance,information (incl personal information about me/us) to;
  - Verify details provided in the application; and
  - Assist in consideration of the application
4. Give to any guarantor or proposed guarantor of the application for finance, any information (including personal information) about finance now or at any time in the future.
5. Disclose information about me/us to our agents, contractors, external advisers, suppliers of goods, merchantile Agents collection, agencies and insurers in connection with the application for finance or any finance provided to the applicant(s)by the Credit Providers.

The Guarantor(s) acknowledge that;

- The application for finance will be supported by their guarantee; and
- That they have read and understand the terms of the application for finance.

### Declaration

I/We solely and sincerely declare that;

- a. I am/we are not insolvent and have never been declared bankrupt
- b. The information given by me/us is true and correct
- c. The income and expenses declared represent an accurate assessment of my/our financial position
- d. I am/we are permanent residents of Australia
- e. I/we have never owned a property before( if applying first home owners grant only)
- f. I am/we are over 18 years; and
- g. I/we have read and understand the Privacy Act consent and agree to the credit providers collecting, using and disclosing information (including personal information) about me/us in accordance with the provisions of the consent.

NAME OF APPLICANT / GUARANTOR

---

SIGNATURE OF APPLICANT / GUARANTOR

DATE

---

NAME OF APPLICANT / GUARANTOR

---

SIGNATURE OF APPLICANT / GUARANTOR

DATE

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# 100 POINT CHECK LIST



Please complete one form per applicant/signatory and attach a copy of all documents sighted.

At least one of the documents checked must be a **Category A** document such as a Passport or a Driver's Licence that conforms with the details listed below and is marked as a **Category A** document.

NAME OF APPLICANT / SIGNATORY \_\_\_\_\_

NAME OF APPLICANT / SIGNATORY \_\_\_\_\_

| TYPE OF CHECK   | POINTS | SCORE                | IDENTIFICATION DETAILS                        |  |
|---|--------|----------------------|---|--|
| PASSPORT <b>Category A</b><br>Current or expired within last 2 years.   | 70     |                      | DOCUMENT NUMBER<br>_____                      |  |
| or, BIRTH CERTIFICATE<br>Photocopy not acceptable   | 70     |                      | PLACE OF ISSUE<br>_____                       |  |
| or, CITIZENSHIP CERTIFICATE<br>Photocopy not acceptable   | 70     | <input type="text"/> | DATE OF ISSUE                                 | EXPIRY DATE      DATE OF BIRTH<br>_____    |
| DRIVER'S LICENCE <b>Category A</b><br>Photocopy not acceptable  | 40     | <input type="text"/> | LICENCE NUMBER                                | EXPIRY DATE      DATE OF BIRTH<br>_____    |
| IDENTIFICATION CARD <b>Category A</b><br>Containing a photo or signature<br>PUBLIC SERVICE EMPLOYEE   | 40     | <input type="text"/> | ISSUED BY                                     | REFERENCE NUMBER      EXPIRY DATE<br>_____ |
| COMMONWEALTH, STATE OR TERRITORY<br>GOVERNMENT<br>as evidence of entitlement to<br>financial benefit<br>e.g. Pension Card, Health Card                            | 40     | <input type="text"/> | ISSUED BY                                     | REFERENCE NO.      EXPIRY DATE<br>_____    |
| TERTIARY EDUCATION CARD<br>e.g. Student Card  | 40     | <input type="text"/> | ISSUED BY                                     | REFERENCE NO.      EXPIRY DATE<br>_____    |
| CREDIT/DEBIT/PASSBOOKS<br>Issued by a financial institution.<br>1 document per financial institution.   | 25     | <input type="text"/> | ISSUED BY                                     | ACCOUNT NO.      EXPIRY DATE<br>_____      |
| NAME & ADDRESS VERIFICATION<br>CURRENT EMPLOYER OR EMPLOYER<br>WITHIN LAST 2 YEARS<br>Issued by a financial institution.<br>1 document per financial institution. | 35     | <input type="text"/> | NAME OF PERSON SUPPLYING INFORMATION<br>_____ |  |
| A RATING AUTHORITY<br>e.g. Land Rates   | 35     | <input type="text"/> | TITLE / RANK / DESIGNATION                    | PHONE<br>_____                             |
| LAND TITLES OFFICE RECORD   | 35     | <input type="text"/> | ADDRESS<br>_____                              |  |
| THE RECORDS OF PUBLIC UTILITY<br>e.g. Electricity, Gas, Water or Telstra Account  | 25     | <input type="text"/> | _____   |  |
| MEMBERSHIP CARD of profession or trade<br>association where the signatory is a member   | 25     | <input type="text"/> | POSTCODE<br>_____                             |  |
| Medicare Card   | 25     | <input type="text"/> | MEDICARE CARD NUMBER                          | DATE OF ISSUE<br>_____                     |
| <b>TOTAL POINTS ACHIEVED</b> (minimum 100 points)   |        | <input type="text"/> | NAME OF AUTHORISED CHECK OFFICER<br>_____     |  |

There are other forms of identification which Australian Citizens and Australian Permanent Residents can use to satisfy the 100 Point Check. Public authorities, incorporated bodies, children, recent arrivals into Australia, non-residents, Aboriginal persons and Torres Strait Islanders in isolated areas, recipients of social security benefits and recipients of a financial supplement may use additional forms of identification to satisfy this 100 point check.

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_



# Fee Agreement and Irrevocable Authority

BETWEEN

NAME OF BORROWER(S)

OF

ADDRESS OF BORROWER(S)

SECURITY ADDRESS

AND

**Appletree Mortgage Corporation**  
ABN 95 105 763 997  
P.O. Box 516 MAITLAND NSW 2320  
P. 0400 360 278  
W. www.appletree.au  
E. gary@appletree.au

The borrower/s hereby appoints Appletree Mortgage Corporation to act as an agent for the borrower/s to seek to arrange on my/our behalf a loan or loans as applied for. The borrower/s further authorises and directs it's accountant, banker and/or mortgagee and solicitor to provide any information reasonably requested by Appletree Mortgage Corporation or the tender.

- a) Application fee payable on signing this agreement \$ \_\_\_\_\_
  - b) Commitment fee payable upon acceptance of the lenders letter of offer(however named) \_\_\_\_\_
  - c) Settlement fee payable at time of settlement \_\_\_\_\_ % \$ \_\_\_\_\_
  - d) Plus gst \$ \_\_\_\_\_
  - e) Any additional costs involved(to be discussed) \$ \_\_\_\_\_
- TOTAL FEES INCLUDING GST TO BE PAID TO APPLETREE MORTGAGE CORPORATION on or before settlement** \$ \_\_\_\_\_

NB; A fee will be charged for costs incurred by Appletree Mortgage Corporation to the borrower if after all work is carried out by Appletree Mortgage Corporation the borrower decides not to proceed.

The borrower/s acknowledges that the application fee is non refundable upon credit approval and the settlement fee becomes non-refunable on acceptance by the borrower/s of the lender's letter of offer not withstanding any reason whatsoever that the loan does not proceed to settlement.

Appletree Mortgage Corporation may be paid other fees, margins and or commissions in respect of the loan/s arranged and it may make payments to a third party.

The borrower/s hereby irrevocably authorises the payment of the above amounts at the time approval and/or settlement agreed, to pay this amount to Appletree Mortgage Corporation without delay.

**THE CONTENTS OF THIS MANDATE ARE ACKNOWLEDGED, ACCEPTED AND FULLY UNDERSTOOD BY THE BORROWER/S**

AGREEMENT DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

SIGNED (1) \_\_\_\_\_ SIGNED (2) \_\_\_\_\_

PRINT NAME (1) \_\_\_\_\_ PRINT NAME (2) \_\_\_\_\_

**IN THE PRESENCE OF WITNESS**

SIGNED \_\_\_\_\_ PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_



## GENERAL REQUIREMENTS

Further details required in order to compile an application are as follows;

- Financial statements for the business last 3 years
- Latest taxation returns for principals/directors personal/business
- Balance sheets of principals/directors
- Business plans(if available)
- Cash flow projections
- Taxation position-outstanding amounts,when next due
- Borrowing structure-company/firm/trusts
- If rental properties, details of rentals etc
- If commercial property, tenancy schedules required
- Details of existing borrowings/amounts/terms/repayments
- Details of existing bankers-which banks/how long customer/creditfunds
- Bank statements past 6-12 months
- Background work history, business experience, cvs
- Details of any leasings/hire purchase contracts/personal loans/credit cards
- Details of professional indemnity life insurance,key person insurance, income & accident cover for principals/directors & business interruption insurance, work cover.
- Business premises owned/leased/details terms/rentals paid etc
- Competition in area of influence
- Debtor/creditor figures by ageing
- Title particulars of properties offered as security/address/ownership/borrowings/caveats etc
- Details of mangement structure/total staffing
- Contingency plan on succession of key personnel

\*please supply as much information as possible to enable us to proceed with your loan more efficiently.

TO SEND THIS FORM BACK TO APPLE TREE MORTGAGE CORPORATION PLEASE DOWNLOAD AND EMAIL COMPLETED APPLICATION TO: [gary@appletree.au](mailto:gary@appletree.au)

**Appletree Mortgage Corporation** ABN 95 105 763 997  
P.O. Box 516 MAITLAND NSW 2320  
P. 0400 360 278 W. [www.appletree.au](http://www.appletree.au) E. [gary@appletree.au](mailto:gary@appletree.au)