

FlexiLoan APPLICATION FORM

Amount Requested	\$	Date	
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APPLICANT DETAILS

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms										
Last Name				First Name(s)										
Middle Name				Date of Birth										
Street Address														
Suburb				City										
Home Phone					Mobile									
Email				Time at this Address			years				months			
Marital Status	<input type="checkbox"/> Single			<input type="checkbox"/> Married			<input type="checkbox"/> Divorced/Separated			<input type="checkbox"/> Defacto				
				Number of Dependants										
18+	<input type="checkbox"/>			NZ Citizen / Permanent Resident	<input type="checkbox"/>			Regular Income / Benefit	<input type="checkbox"/>			Income Direct Credited	<input type="checkbox"/>	
Heard About Us														

RESIDENTIAL DETAILS

Do you Rent	<input type="checkbox"/>	Do you Board?	<input type="checkbox"/>	Own your House?	<input type="checkbox"/>							
Weekly Payment	\$	Landlord / Board Recipient / Bank Name										
Landlord / Board Recipient: Ph Num					Mobile							
Landlord's Address												
Your Previous Address												
Time at Previous Address						Years				Months		

EMPLOYMENT DETAILS

Company Name				Work Phone												
Supervisor's Name				Phone Number												
Street Address																
Time with Employer				Years				Months				Mobile Number				
Basis of Employment	<input type="checkbox"/> Full time			<input type="checkbox"/> Part time			<input type="checkbox"/> Casual									
Hours per Week					Your Position											
Recieve Regular Benefit		<input type="checkbox"/> ACC			<input type="checkbox"/> WINZ			<input type="checkbox"/> IRD			<input type="checkbox"/> StudyLink			<input type="checkbox"/> Superannuation		

TWO NEAREST RELATIVES NOT LIVING WITH YOU

Contact 1		Relationship	
Street Address			
Suburb		City	
Home Phone		Work Phone	
		Mobile	
Contact 2		Relationship	
Street Address			
Suburb		City	
Home Phone		Work Phone	
		Mobile	

DECLARATION & PRIVACY WAIVER

Applicant Name	
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I Agree