

## Finance Application Form

Vehicle Finance Amount NZ\$ \_\_\_\_\_

Term preference ☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years

☐ Mr ☐ Mrs ☐ Ms

First name

Middle Name

Surname

Date of Birth (e.g. 23/04/1980)

Marital Status

☐ Married

☐ De-facto

☐ Separated

☐ Single

Number of Dependants

☐ None

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 or more

Current Address

Street Number

Street Name

Street Type (e.g. Road,avenue etc)

Suburb

City

Time at current address

Years

Months

If you have been at your **current address** for **less than 2 years**, please provide **previous address**:

Previous Address

Street Number

Street Name

Street Type (e.g. Road,avenue etc)

Suburb

City

Time at previous address

Years

Months

I am ☐ Home-owner (My name appears on title of property/mortgage) ☐ Renter (I have a tenancy agreement under my name/spouse's name)

☐ Living with parents ☐ Boarding

NZ Residency Type

☐ Citizen

☐ Permanent Resident

☐ Work Visa - Visa Expiry \_\_\_\_\_

Day/Month/Year

If not NZ Citizen, have you lived in NZ for 2 or more years continuously? ☐ Yes ☐ No

Driver's License

☐ Full

☐ Restricted

☐ Learners

☐ I don't have a driver's license

☐ I have a foreign driver's license

Employment

Beneficiary: ☐ Yes ☐ No Type of benefit \_\_\_\_\_ How long have you been on benefits? \_\_\_\_\_  
Years Months

Are you currently employed? ☐ Yes ☐ No

Occupation \_\_\_\_\_ ☐ Full time ☐ Part-time ☐ Casual ☐ Seasonal ☐ Self-employed

Company/Employer Name \_\_\_\_\_ Time here \_\_\_\_\_  
Years Months

If you have been in your **current employment** for **less than 2 years**, please provide **previous employment**:

Occupation \_\_\_\_\_ ☐ Full time ☐ Part-time ☐ Casual ☐ Seasonal ☐ Self-employed

Company/Employer Name \_\_\_\_\_ Time here \_\_\_\_\_  
Years Months

Financial Information

Income (NZ\$)	Frequency
Income _____	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly
Other Income (e.g. rent from property if applicable) _____	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly
Benefits (if applicable) _____	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly
Spouse's Income (if applicable) _____	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly

**PLEASE COMPLETE BOTH SIDES OF THIS FORM IN FULL**

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Expenses (NZ\$)	Frequency
Rent/Mortgage Payment _____	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly
<b>Existing Loans/Credit Card/Insurance payments:</b> Payable To _____ Total Repayable _____ periodic payment _____	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly
Payable To _____ Total Repayable _____ periodic payment _____	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly
Payable To _____ Total Repayable _____ periodic payment _____	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly
Payable To _____ Total Repayable _____ periodic payment _____	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly
Payable To _____ Total Repayable _____ periodic payment _____	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly

**Contact Details:**

Mobile # \_\_\_\_\_ Telephone (landline) \_\_\_\_\_

E-mail \_\_\_\_\_

**Privacy Declaration (Privacy Act 1993)**

I/We declare that all information provided on this application form is true and correct. I/We understand that Credit Checks and PPSR Checks will be obtained to enable the processing of this application. I/We declare that no money is owed on any security – if being provided other than that which has been stated. I/We declare that I am/We are not undischarged bankrupt/s. I/We irrevocably agree that EFCO Ltd may give and seek from credit providers, credit reporting agencies, my/our employer/s, relative/s or other named person/s such personal, financial and commercial information as is necessary relating to this finance application, the administration of any finance and any ongoing debt recovery. I/We acknowledge that any costs relating to debt recovery are payable by me/us and that a default may be recorded against my/our credit history for non-payment of debt/s incurred with EFCO Ltd. I/We understand and agree that the information on this form may be exchanged with other credit providers or other third parties to assist the recovery of my/our debt.

Applicant Signature \_\_\_\_\_ Dated \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM IN FULL**