



Mortgage Loan Application & Checklist

Police & Nurses Credit Society Limited
ABN 69 087 651 876
AFSL/ACL 240701
Level 7, 130 Stirling Street
Perth WA 6000

PO Box 8609, Perth BC,
Western Australia 6849
Telephone 08 9219 7411
www.pncs.com.au
brokersupport@pncs.com.au



This form must be emailed or faxed with your home loan application along with all the required supporting documentation. Police & Nurses Broker Support may request additional information based on the specifics of the application.

Email to	Email	Date Emailed
Police & Nurses Broker Support	brokerapplications@pncs.com.au	

Broker Name

Broker Address	State	Postcode

Broker Declaration: I confirm all applicable requirements have been satisfied and the requisite supporting documentation is enclosed. I verify that I have sighted the originals of all supporting documentation including all statements, savings, income and employment, and I have copies of these documents on file.

X	
Broker's Signature	Date

Note: please tick [✓] the boxes for the supporting documentation required to approve this application and to acknowledge the information you have provided.

ALL APPLICANTS

- Application Form (Applicant)
- Application Form (Guarantor) if applicable
- Personal Consent Form (Applicant & Guarantor)
- Copy of certified identification for each Applicant & Guarantor
- A completed copy of the submission sheet/calculator
- 1 months (recent) statement for all loans not being repaid by this loan application except for HECS/HELP debts where verbal confirmation is acceptable
- Original verification documents sighted. For deals requiring LMI, evidence of income, savings/equity (for purchases) and conduct (for refinances) must be certified by signing each copy to show that the original has been sighted. The original document can be the original provided to the lender and can include internet printouts.

Application Form

- Completed in full with no blank spaces. If a certain section or field is not applicable, please indicate N/A. If fields are left blank, it will hold up the application processing
- Referee must provide a landline whether it be home or work (a mobile number will not be accepted)
- Financial position - rent is to be noted under "other" and ticked "to be paid out" if ceasing once loan approved

Submission Sheet (Servicing Calculator)

- Completed in full with no blank spaces
- Income calculations to be noted at bottom of sheet advising how obtained income figure used for servicing (ie. base wage \$500/week gross x 52 weeks = \$26,000 gross pa). Explanation required for any deductions on payslips

INCOME VERIFICATION

Note: all Applicants must provide the following documents as a minimum when applying for a loan:

Salaried Employees

- Group Certificate (PAYG) for the last financial year, together with 2 recent consecutive payslips (dated within 2 months of application). If LMI required, Group Certificate and 2 of the last 3 payslips issued to the Applicant

Commission, bonuses, overtime, allowances

For loans requiring LMI (100% allowance for overtime, shift work allowance). Depends on LMI provider.

- 2 recent consecutive payslips (as per Salaried Employees); AND
- A letter from the employer detailing employment type and wage structure confirming whether or not overtime is a condition of the member's employment; AND
- Group Certificate for the last financial year

INCOME VERIFICATION (continued...)

Self-employed, Company Director or Applicants involved in a Trust

- Tax returns for the past 2 years (including profit & loss) for both personal and business; and any interim figures from your accountant if applicable
- Accompanying ATO notices for the last 2 years tax returns
- Copy of last 2 years financials (ie. profit & loss and balance sheet)

Note: Tax File numbers must be removed from all supporting documentation as this will delay processing.

Contract Income

- Contract PAYE: copy of current contract plus tax return and accompanying ATO notice for the last financial year, plus 2 recent and consecutive payslips
- Contract self-employed: copy of current contract plus tax returns and accompanying ATO notices for the last 2 financial years

Rental Income

(80% of rent can be used in servicing capacity)

- A current executed lease agreement, or
- Management statement, or
- Tax return for last financial year which details rental income received, plus accompanying ATO notice, or
- For new purchases, rent appraisal from independent Real Estate Agent NOT involved in the sale of the property

Investment Income

Income level must be evident over the past 2 years. For loans requiring LMI - 80% allowance for investment income (interest, dividends).

- Shareholding certificates/statements/notices plus tax return and accompanying ATO notice for the last financial year

Government Allowances

- A current Centrelink statement showing name of Applicant, frequency and amount (dated within 2 months of application)

GENUINE SAVINGS/EQUITY

- Copies of last 3 months consecutive bank statements (in Applicant's name) showing transactional history
- Term Deposit (in Applicant's name) held for 3 months or more
- Shares - documents evidencing ownership for a period of at least 3 months
- Equity from real estate (additional borrowings or sale). Rates notice, loan statement, settlement statement (if applicable) to be provided as evidence

Investment Loans

- Minimum 10% or 5% (depends on LMI provider) of the purchase price as genuine savings or equity in other real estate for all investment loan proposals where the loan purpose is for purchase or construction, and LVR > 85%

Note: borrowed funds or a personal loan cannot be used as part of 10% or 5% deposit.

NON-GENUINE SAVINGS (owner occupied only)

Where non-genuine savings are accepted as the deposit towards the application, the following additional criteria will apply:

- Copy of latest bank statement for bank deposits
- Signed statutory declaration confirming non-repayable gift

- Current employment of minimum 12 months, OR, current employment of minimum 6 months AND previous employment term minimum 18 months AND employment within the same industry AND not on probation
- Minimum 12 months in current residence
- 6 months recent and consecutive rent or board history to show good conduct. Rent receipts not acceptable, evidenced via letter from Real Estate Agent or statutory declaration if a private rental
- 6 months recent and consecutive statements for current credit commitments to show good conduct

Note: good conduct is evident by arrears less than 7 days and limit arrangements respected. Borrowed funds or a personal loan cannot be used as part 5% deposit.

PURCHASES

- Contract of Sale (if purchasing or selling) including purchaser's name, vendor's name, purchase price and property address - signed and dated by all parties
- Evidence of funds to complete
- Completed deposit and/or FHOG application form (emailed or faxed with all supporting documents where clients are using FHOG funds to complete settlement)

Note: original FHOG required prior to funding. Complete list of FHOG requirements available at each State's Office of State Revenue website.

REFINANCING OR CONSOLIDATING DEBTS

Note: all statements must cover consecutive months and the latest statement must not be over 1 month old. Statements must include the Borrower's name and account number.

For debts being refinanced

- Copy of last 6 months (LMI) or 3 months (no LMI or PL) statements for liabilities being refinanced (home loan or personal loan)
- Evidence that Council/Shire Rates, Water Rates, Body Corporate levies and Land Tax charges are up to date - evidence is to include the most recent billing statement/s showing no arrears

CONSTRUCTION

- Building contract (signed) and specifications
- Building plans

STATEMENTS

Note: internet statements allowed but must be accompanied by 1 original (regardless of date) and have account number to match, show debits and credits and a running balance.

FIXED RATE LOCK-IN (Fixed Rate Home Loans only)

This is a form we provide to you for a Fixed Rate Home Loan application for the option to Lock-In your fixed rate at the date of application. You must return this form in 5 working days from the Lock-In start date detailed on the form.

- Form completed and returned within 5 working days of Rate Lock-In start date

EASYPAY PLUS PACKAGE

This is a form you complete when applying for an Easypay Plus Package.

- Form completed and returned



Mortgage Loan Suitability Assessment

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Loan Type Personal Use Investment

Aggregator _____

Broker Name _____

Applicant Name/s _____

Loan Amount \$ _____ Requested Term _____

Date of Meeting _____ Location of Meeting _____

Purpose and Objectives	
Explore why this application is being made	

Lifestyle Priorities	If Yes - Comments & Details	
Item	YES	NO
Starting a family	<input type="checkbox"/>	<input type="checkbox"/>
Children's education (private school)	<input type="checkbox"/>	<input type="checkbox"/>
Education (self education)	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Home improvements/Home purchase	<input type="checkbox"/>	<input type="checkbox"/>
Debt repayment	<input type="checkbox"/>	<input type="checkbox"/>
Holiday (major/long term)	<input type="checkbox"/>	<input type="checkbox"/>
Significant other expenses (eg. sporting club memberships)	<input type="checkbox"/>	<input type="checkbox"/>
Health care/medical expenses	<input type="checkbox"/>	<input type="checkbox"/>
Income for retirement	<input type="checkbox"/>	<input type="checkbox"/>
Planned retirement age (if loan term plus current age exceeds planned retirement age, please explain member's strategy for debt clearance)		

Future Lifestyle Changes	
Explain any substantial change in lifestyle in the next 5-10 years (include any that may impact your capacity to repay your commitments)	

Borrower Requirements

Preference

Interest Rate Preferences	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	
Repayment Preferences	<input type="checkbox"/> P&I	<input type="checkbox"/> Interest Only	
Access to Funds	<input type="checkbox"/> Redraw	<input type="checkbox"/> Offset	
Ability to top up loan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Product type	<input type="checkbox"/> Standard	<input type="checkbox"/> Package	<input type="checkbox"/> Line of Credit

Product Selected

Which Police & Nurses product has been recommended to the Borrower?

(Product name to be included)

What features of this product are important to the Borrower?

Declaration

Based on this assessment, the product is deemed not unsuitable.

X

Broker's Signature

/ /

Date

Application #:



Mortgage Loan Application Form

(For Broker use only – Fax 08 9219 7666)

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POLICE & NURSES
MUTUAL BANKING

Personal Details

PRIMARY Applicant Guarantor

Member Number _____

Title _____

Given Names _____

Surname _____

Date of Birth _____ Marital Status _____

Phone (home) () _____

Phone (work) () _____

Mobile _____

Email Address _____

Ages of Dependents _____

Drivers Licence Number _____ State _____

Known by any other Name _____

SECONDARY Applicant Guarantor

Member Number _____

Title _____

Given Names _____

Surname _____

Date of Birth _____ Marital Status _____

Phone (home) () _____

Phone (work) () _____

Mobile _____

Email Address _____

Ages of Dependents _____

Drivers Licence Number _____ State _____

Known by any other Name _____

Address Information

Current Residential Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Time there _____ (years) _____ (months)

Postal Address (leave blank if same as above)

St No. and Name _____

Suburb _____

State _____ Postcode _____

Previous Residential Address (if current address is less than 2 years)

St No. and Name _____

Suburb _____

State _____ Postcode _____

Time there _____ (years) _____ (months)

If combined address is less than 2 years, please give details

Current Residential Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Time there _____ (years) _____ (months)

Postal Address (leave blank if same as above)

St No. and Name _____

Suburb _____

State _____ Postcode _____

Previous Residential Address (if current address is less than 2 years)

St No. and Name _____

Suburb _____

State _____ Postcode _____

Time there _____ (years) _____ (months)

If combined address is less than 2 years, please give details

Bankruptcy

PRIMARY

- Have you been bankrupt or insolvent? Yes No
- What bankruptcy status? Current bankrupt
 Discharged bankrupt
- Have you ever entered into a scheme or arrangement with creditors under the Bankruptcy Act? Yes No
- Do you have any judgements, garnishees or other legal proceedings against you? Yes No
- If you have answered yes to any questions above, please provide full details below.

SECONDARY

- Have you been bankrupt or insolvent? Yes No
- What bankruptcy status? Current bankrupt
 Discharged bankrupt
- Have you ever entered into a scheme or arrangement with creditors under the Bankruptcy Act? Yes No
- Do you have any judgements, garnishees or other legal proceedings against you? Yes No
- If you have answered yes to any questions above, please provide full details below.

- Are any of the applicants experiencing financial stress from existing commitments? Yes No
- If **yes** to financial stress, are any of the applicants in arrears with respect to existing debt? Yes No
- Please give details below.

Residential Status

- | | |
|---|---|
| <input type="checkbox"/> Boarding | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Owner – fully owned | <input type="checkbox"/> Owner – fully owned |
| <input type="checkbox"/> Buying/Mortgagor | <input type="checkbox"/> Buying/Mortgagor |
| <input type="checkbox"/> Renting | <input type="checkbox"/> Renting |
| <input type="checkbox"/> Provided by employer | <input type="checkbox"/> Provided by employer |
| <input type="checkbox"/> Living with parents | <input type="checkbox"/> Living with parents |
| <input type="checkbox"/> Other (give details) _____ | <input type="checkbox"/> Other (give details) _____ |

Residency Status

- | | |
|---|---|
| <input type="checkbox"/> Australian citizen | <input type="checkbox"/> Australian citizen |
| <input type="checkbox"/> Temporary resident (copy of passport required) | <input type="checkbox"/> Temporary resident (copy of passport required) |
| <input type="checkbox"/> Permanent resident | <input type="checkbox"/> Permanent resident |
| <input type="checkbox"/> Other (give details) _____ | <input type="checkbox"/> Other (give details) _____ |

Referee (must be over 18 years, living in Australia and not living with Applicant)

- Full Name _____
- Address _____
- Home Phone (mobile is **not** acceptable) _____
- Relationship Child Parent Sibling Friend Other _____

Employment Details

PRIMARY

Current Employment

Occupation/Position _____

Status

Casual Contract Full-time Part-time
 Seasonal Self employed Other _____

Current Employer or Business Name _____

Employer/Business Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Service period _____ (years) _____ (months)

Current Gross Income

\$ _____ p.a. p.m. p.f. p.w.

Please attach evidence of income, for example, payslips, or for self employed Applicants, copies of the last 2 years financial statements.

Previous Employment (if current less than 2 years)

Occupation/Position _____

Status

Casual Contract Full-time Part-time
 Seasonal Self employed Other _____

Previous Employer or Business Name (if current less than 2 years) _____

Employer/Business Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Service period _____ (years) _____ (months)

If combined employment is less than 2 years, please give details

SECONDARY

Current Employment

Occupation/Position _____

Status

Casual Contract Full-time Part-time
 Seasonal Self employed Other _____

Current Employer or Business Name _____

Employer/Business Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Service period _____ (years) _____ (months)

Current Gross Income

\$ _____ p.a. p.m. p.f. p.w.

Please attach evidence of income, for example, payslips, or for self employed Applicants, copies of the last 2 years financial statements.

Previous Employment (if current less than 2 years)

Occupation/Position _____

Status

Casual Contract Full-time Part-time
 Seasonal Self employed Other _____

Previous Employer or Business Name (if current less than 2 years) _____

Employer/Business Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Service period _____ (years) _____ (months)

If combined employment is less than 2 years, please give details

Other Income

	Income source	Amount	p.a./p.m./p.f.
Australian Government Pension	_____	\$ _____	_____
Austudy/ABSTUDY	_____	\$ _____	_____
Dividend	_____	\$ _____	_____
Family Tax Benefit Part A & B	_____	\$ _____	_____
Interest	_____	\$ _____	_____
Maintenance Child Support	_____	\$ _____	_____
Newstart	_____	\$ _____	_____
Overseas Income/Pension	_____	\$ _____	_____
Private Pension	_____	\$ _____	_____
Superannuation	_____	\$ _____	_____
Workers Comp.	_____	\$ _____	_____
Other (including spousal income)	_____	\$ _____	_____

	Income source	Amount	p.a./p.m./p.f.
Australian Government Pension	_____	\$ _____	_____
Austudy/ABSTUDY	_____	\$ _____	_____
Dividend	_____	\$ _____	_____
Family Tax Benefit Part A & B	_____	\$ _____	_____
Interest	_____	\$ _____	_____
Maintenance Child Support	_____	\$ _____	_____
Newstart	_____	\$ _____	_____
Overseas Income/Pension	_____	\$ _____	_____
Private Pension	_____	\$ _____	_____
Superannuation	_____	\$ _____	_____
Workers Comp.	_____	\$ _____	_____
Other (including spousal income)	_____	\$ _____	_____

Financial Position - Assets

Assets	Owned by Primary App	Owned by Secondary App	To be used as security	Value
Primary Property (show address details) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other Real Estate (show address details) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Weekly Rental Income \$ _____ Other Real Estate (show address details) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Weekly Rental Income \$ _____ Other Real Estate (show address details) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Weekly Rental Income \$ _____ Motor Vehicle Year _____ Make _____ Model _____ Insurer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Motor Vehicle Year _____ Make _____ Model _____ Insurer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Cash/Bank Accounts _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other Assets _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
TOTAL				\$ _____

Loan Details

	Loan 1	Loan 2	Loan 3	Total
Loan Amount	\$ _____	\$ _____	\$ _____	\$ _____
Term of Loan (yy/mm)	_____	_____	_____	
Type	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Line of Credit	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Line of Credit	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Line of Credit	
Fixed Rate Lock-In	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Easypay Plus Package	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Repayment Method	<input type="checkbox"/> Interest only <input type="checkbox"/> Principal & Interest	<input type="checkbox"/> Interest only <input type="checkbox"/> Principal & Interest	<input type="checkbox"/> Interest only <input type="checkbox"/> Principal & Interest	
Are these funds being used predominantly for investment purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is mortgage offset required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Property for Security

Address _____

Volume/Folio No. _____ Lot No. _____ Plan Deposited Plan Diagram Strata Plan Survey-Strata Plan

Address _____

Volume/Folio No. _____ Lot No. _____ Plan Deposited Plan Diagram Strata Plan Survey-Strata Plan

Settlement

Expected settlement date _____ Finance approval date _____

Will a Settlement Agent be acting for you? Yes No

Settlement Agent Company Name _____

Settlement Agent Name _____

Address _____

Phone _____ Fax _____ Email _____

Do you agree to Police & Nurses providing a copy of your loan approval letter and/or documentation to the Settlement Agent/Solicitor? Yes No

Where do you want the documents to be sent? Mail Member to collect Broker to collect Overseas Other _____

Where is your preferred home branch? _____

Other Products

Police & Nurses has a competitive range of other financial products. Please indicate if you wish to have any or all of these additional products:

<input checked="" type="checkbox"/> Term Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Savings Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Personal Loan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Credit Card (if you qualify for a pre-approved credit card would you like one?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Insurance

We offer competitive insurance to members wishing to insure their repayments against sickness, accident, unemployment or death. Insurance is recommended by the Credit Union for your benefit. Before deciding to acquire or continue to hold any insurance product/s you should carefully read and consider the Product Disclosure Statement/s (PDS) available from Police & Nurses. Please indicate your Consumer Credit Insurance and/or your General Insurance needs by ticking the appropriate boxes below. The decision to take out Consumer Credit Insurance and/or General Insurance is not a condition of application approval.

Consumer Credit Insurance

I/We am/are adequately insured and do not require Consumer Credit Insurance

I/We would like to take advantage of Consumer Credit Insurance as follows:

	Primary	Secondary
<input checked="" type="checkbox"/> Death	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Disability	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Involuntary Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Trauma	<input type="checkbox"/>	<input type="checkbox"/>

General Insurance

I/We am/are adequately insured and do not require General Insurance

I/We would like to take advantage of General Insurance as follows:

<input checked="" type="checkbox"/> Home and Contents	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Vehicle Insurance Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>

Service Nomination

You have the option to nominate a designated person to receive notices and other documents under the National Credit Code on your behalf (other than default notices) and you may declare that the nominated person resides at the same address as you.

Do you wish to nominate a person to receive notices? (Only a person who is a Borrower may be the person nominated) Yes No

If yes, please write that person's name here _____

IMPORTANT: Each Borrower is entitled to receive a copy of any notices and other documents under the National Credit Code. Please complete only if you wish to nominate one of you. Only a person who is a Borrower may be the person nominated.

Any Borrower who signs this form can advise the Lender at any time in writing that they wish to cancel their nomination. Following any cancellation the lender will from then on provide each joint Borrower with their own separate copy of any notice or other document under the National Credit Code.

Acknowledgement of Liability for Costs

An establishment fee is payable upon funding of the loan and is not refundable. Other fees and charges may be applicable to the loan and a Schedule of Fees and Charges is available upon request. In the event that your loan is not accepted, or you decide not to proceed, you will only be liable for any fees and charges already incurred. For example: valuation fee. By signing this loan application form you acknowledge your liability in relation to our already expended fees and charges.

Note: it is an offence under the Anti-Money Laundering and Counter-Terrorism Act (2006) to make a false or misleading statement.

Borrower/s Declaration & Consent

Declaration

I/We declare that the answers in the foregoing statements are true and complete in every particular and that I/we have no financial commitments or obligations other than those stated in this document and that I/we are aware that it is on this basis of the information that I/we have provided that Police & Nurses will make its decision whether or not to grant a loan.

I/We acknowledge that this form does not constitute an offer or acceptance of credit in terms of any legislation relating to the provision of credit or any other applicable act of ordinance relating to the provision of credit.

Borrower/s Acknowledgement & Consent

Protection of Your Privacy

Credit Information (section 18E(8)(c) Privacy Act 1988)

The personal information you supply to us will be held and used by us (including our agents and contractors if applicable) to provide you with membership and our products and services. Without the information we require, we may be unable to provide the products and services you require. Further details, including how you may access the personal information that we hold, are in our publicly available Privacy Statement.

Important Notice & Authorisation

The Privacy Act (1988) allows the Credit Union to give a credit reporting agency and certain persons information about me for the following purposes:

- to obtain a consumer credit report about you; and/or
- to allow the credit reporting agency to create or maintain a credit information file containing information about you.

This information is limited to:

- identity particulars including name, sex, date of birth, current known address, 2 immediately previous addresses, current or last known employer, and drivers licence number;
- the fact that credit has been applied for and the amount;
- the fact that the Credit Union is a credit provider;
- advice that details of payments which become overdue for more than 60 days and for which collection action has commenced;
- the fact that payments are no longer overdue;
- details of cheques drawn which have been dishonoured more than once;

- the fact that in the Credit Union’s opinion a serious credit infringement has occurred; and
- the credit provided by the Credit Union has been paid or discharged

Which I hereby acknowledge the above notice and authorise the Credit Union to give the above mentioned information about me to a credit reporting agency.

I acknowledge that the information may be given before, during or after the provision of credit to me.

Exchanging information with other credit providers and potential or existing Guarantor (section 18N(1)(b) & 18N(1)(bg) Privacy Act 1988)

I agree to the Credit Union checking personal information about me with any credit provider named in my credit application, and with other credit providers that may be named in a credit report issued by a credit reporting agency, for any of the following purposes:

- to assess my creditworthiness;
- to help me avoid defaulting on my credit obligations;
- the collection of overdue payments;
- to assess an application by me for credit;
- to notify a default by me; and
- to exchange information with other credit providers as to the status of this loan where I am in default with other credit providers.

I/We agree that the Credit Union may give to a person who is currently a Guarantor, or whom I/we have indicated is considering becoming a Guarantor, a credit report containing information about me/us for the purpose of the guarantor deciding whether to act as Guarantor or to keep the Guarantor informed about the guarantee. I/We declare that the Credit Union may act upon this authority until it has received my/our instructions to the contrary.

I/We understand that this information can include any information about me/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act 1988.

Access to Commercial Credit Information (section 18L(4) Privacy Act 1988)

For the purpose of assessing my application for credit, I consent to the Credit Union obtaining a report containing information about my commercial activities or commercial credit worthiness, for a business which provides information about the credit worthiness of persons.

Access to Consumer Credit Information for a Commercial Credit Application (section 18K (1)(b) Privacy Act 1988) (not for credit cards)

If my application is for commercial credit, I consent to the Credit Union, in order to assess my application, obtaining from a credit reporting agency a credit report about me containing consumer credit information.

Declaration

I declare that the answers in the foregoing statements are true and complete in every particular and that I have no financial commitments or obligations other than those stated in this document and that I am aware that it is on the basis of the information that I have provided that Police & Nurses will make its decision whether or not to grant a loan. I authorise Police & Nurses to make enquiries, which it considers necessary to fully assess this loan enquiry. I acknowledge that this form does not constitute an offer or acceptance of credit in terms of any legislation relating to the provision of credit or any other application act or ordinance relating to the provision of credit.

X

Borrower's Signature

X

Borrower's Signature

Name

Name

Date

Date

Guarantor/s Acknowledgement & Consent (complete only for Mortgage Loan applications requiring Guarantor/s)

Assessment of Guarantor (Section 18N(1)(bh) Privacy Act 1988)

I/We agree that the Credit Union may obtain from a credit reporting agency a consumer credit report containing information about me/us for the purpose of assessing whether to accept me/us as a Guarantor for credit applied for by, or provided to, the Borrower/s named below. I/We agree that this agreement commences from the date of this agreement and continues until the credit covered by the Borrower/s application ceases.

X

Guarantor's Signature

Name

Date

X

Guarantor's Signature

Name

Date

Business Purpose Declaration

Borrower's Declaration of Purpose

I/We declare that the credit to be provided to me/us by the credit provider is to be wholly or predominately for:

- business purposes, or
- investment purposes other than investment in residential property.

Important

You should **not** sign this declaration unless this loan is wholly or predominantly for:

- business purposes, or
- investment purposes other than investment in residential property.

By signing this declaration you **may** lose your protection under the National Credit Code.

X

Borrower's Signature

Name

Date

X

Borrower's Signature

Name

Date



Easypay Plus Package Application Form

Police & Nurses Credit Society Limited
ABN 69 087 651 876
AFSL/ACL 240701
Level 7, 130 Stirling Street
Perth WA 6000

PO Box 8609, Perth BC,
Western Australia 6849
Telephone 13 25 77
Fax (08) 9219 7660
www.pncs.com.au



APPLICANT DETAILS

Branch Allocated _____

Primary Applicant

Member Number (if applicable) _____

Member Name _____

Contact Number _____

Secondary Applicant

Member Number (if applicable) _____

Member Name _____

Contact Number _____

APPLICATION DETAILS

I/We wish to apply for the Easypay Plus Package for the amounts detailed below:

Loan 1: Easypay Plus Home Loan for the amount \$ _____

Loan 2: _____ for the amount \$ _____

Loan 3: _____ for the amount \$ _____

I/We acknowledge that to initially qualify for the Easypay Plus Package and to continue to be entitled to it:

1. The minimum total home loan borrowing with Police & Nurses Credit Society Limited is \$150,000 at application.
2. I/We am/are required to open and maintain the following accounts during the term of my/our Easypay Plus Home Loan, subject to the terms and conditions to be provided (which are subject to change):
 1. **Easypay Plus Home Loan**
 2. **Easypay Plus Access Account**
Please open this account: immediately at funding of my loan
 3. **Easypay Plus VISA Credit Card** for which I/we would like to apply for a limit of \$_____ (min \$3,000)
I/We would like the secondary applicant to be an additional card holder Yes No
3. The minimum monthly repayment for my/our Easypay Plus Home Loan must automatically be paid from my/our Easypay Plus Access Account.
4. The Package Annual Fee will be charged to the Easypay Plus Home Loan at settlement and will subsequently be charged to the Easypay Plus Access Account on the anniversary of loan being settled.
5. If the above conditions are not complied with, I/we am/are no longer eligible to have an Easypay Plus Package and my/our accounts will be changed as below and the new account terms & conditions and fees & charges will apply:
 - a. Easypay Plus Home Loan will change to an Easypay Home Loan
 - b. Easypay Plus Access Account will change to an Easypay Access Account
 - c. Easypay Plus VISA Credit Card will change to an Easypay VISA Credit Card
 - d. Easypay Plus Mortgage Breaker Account will change to an Easypay Mortgage Breaker Account
 - e. Easypay Plus Equity Access Account will change to Equity Access Account
 - f. Easypay Plus Investor Access Account will change to Investor Access Account
 - g. Easypay Plus Personal Loan will not change

I/We acknowledge that whether Police & Nurses chooses to offer the Easypay Plus Package and associated accounts to me/us as a result of this application, is at the discretion of Police & Nurses.

I/We am/are interested in taking advantage of the additional benefits offered as part of the Easypay Plus Package (please tick):

- Easypay Plus Mortgage Breaker Account
- Easypay Plus Personal Loan for the amount of \$ _____
- Home Insurance (first 12 months for the price of 11 months)
- Investor Insurance (first 12 months for the price of 11 months)
- Motor Vehicle Insurance (first 12 months for the price of 11 months)
- Free initial consultation with a Financial Planner

All relevant terms and conditions and brochures for the abovementioned accounts will be provided to you.

AUTHORISATION

Primary Applicant

X

Signature

Name _____

Date _____

Secondary Applicant

X

Signature

Name _____

Date _____

OFFICE USE ONLY

Consultant Name _____ from _____ branch/broker service

Have completed and provided:

- Suitability Assessment
- Mortgage Application Form
- Membership Application Form
- Certification Form (if applicable)
- Financial Services Guide
- Credit Guide
- Easypay Plus Package General Terms & Conditions
- Savings Product Disclosure Statement
- Savings Accounts Schedule of Access Fees & Charges
- Loan Accounts Schedule of Access Fees & Charges