

Person no. 1 details

Relationship to Applicant: Individual(s) Director Proprietor Partner
 Sole Trustee Joint Trustee Other - please specify: _____

Title (Mr/Mrs/Miss/Ms/other - please specify)
Surname _____ Given name(s) _____

Residential address (PO Box is not acceptable): _____ Mailing address (if different to residential address)

State Postcode State Postcode

Home phone () _____ Work phone () _____ Mobile phone _____

Email address _____ Date of birth D D M M Y Y Y Y _____ Driver's licence number _____

Mother's maiden name _____ Password (5 - 9 characters) _____ Gender (M or F) _____

Marital status: Single Defacto Married _____ No. of dependants _____ Are you a permanent resident of Australia? Y/N
Occupation _____ Employer _____ Duration of employment _____
 Full time Other

Person no. 2 details

Relationship to Applicant: Individual(s) Director Proprietor Partner
 Sole Trustee Joint Trustee Other - please specify: _____

Title (Mr/Mrs/Miss/Ms/other - please specify)
Surname _____ Given name(s) _____

Residential address (PO Box is not acceptable): _____ Mailing address (if different to residential address)

State Postcode State Postcode

Home phone () _____ Work phone () _____ Mobile phone _____

Email address _____ Date of birth D D M M Y Y Y Y _____ Driver's licence number _____

Mother's maiden name _____ Password (5 - 9 characters) _____ Gender (M or F) _____

Marital status: Single Defacto Married _____ No. of dependants _____ Are you a permanent resident of Australia? Y/N
Occupation _____ Employer _____ Duration of employment _____
 Full time Other

Person no. 3 details

Relationship to Applicant: Individual(s) Director Proprietor Partner
 Sole Trustee Joint Trustee Other - please specify: _____

Title (Mr/Mrs/Miss/Ms/other - please specify)
Surname _____ Given name(s) _____

Residential address (PO Box is not acceptable): _____ Mailing address (if different to residential address)

State Postcode State Postcode

Home phone () _____ Work phone () _____ Mobile phone _____

Email address _____ Date of birth D D M M Y Y Y Y _____ Driver's licence number _____

Mother's maiden name _____ Password (5 - 9 characters) _____ Gender (M or F) _____

Marital status: Single Defacto Married _____ No. of dependants _____ Are you a permanent resident of Australia? Y/N
Occupation _____ Employer _____ Duration of employment _____
 Full time Other

Section 3 - shareholder details (company applicants and company trustees only)

Please provide the details of each individual who owns more than 25% of the issued capital of the company:

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address (PO Box is not acceptable):

<input type="text"/>	<input type="text"/>	State	Postcode
----------------------	----------------------	-------	----------

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address (PO Box is not acceptable):

<input type="text"/>	<input type="text"/>	State	Postcode
----------------------	----------------------	-------	----------

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address (PO Box is not acceptable):

<input type="text"/>	<input type="text"/>	State	Postcode
----------------------	----------------------	-------	----------

Section 4 - trust beneficiary details (trust applicants only)

Please provide the details of the beneficiaries of the trust.

If the terms of the trust identifies the beneficiaries by reference to membership of a class (e.g. family members of a named person), please provide details of the class(es):

<input type="text"/>

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5 - company trustee identification information (trust applicants only)

Please complete in relation to one company trustee of the trust only.

Full company name

<input type="text"/>

Company Type: Proprietary Public ACN:

Registered office address (PO Box is not acceptable):

<input type="text"/>	<input type="text"/>	State	Postcode
----------------------	----------------------	-------	----------

Principal place of business address if different to the registered office address specified above (PO Box is not acceptable):

<input type="text"/>	<input type="text"/>	State	Postcode
----------------------	----------------------	-------	----------

If there is more than one company trustee of the trust, please detail the full name and registered office address of the other company trustees on a separate sheet and return with this application form.

Details of director(s)

Please complete **Section 2** to provide details of the directors of the trustee company.

Details of major shareholder(s)

Please complete **Section 3** to provide details of major shareholders of the trustee company.

Section 6 - statement of financial position - individuals and guarantors only

Both applicants complete this page if jointly sharing all assets and all liabilities. If not, applicants please complete a separate page each.

Both Applicants or Applicant name

(The back of this form has a duplicate page for you convenience)

Assets (what you own)

Real estate

Address	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Bank accounts (e.g. Term Deposit, Savings, Cheque)

Name of institution	Balance
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Investment accounts

Name of institution	Balance
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Superannuation

Name of superannuation fund	Balance
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Other assets (e.g. Household contents, Shares, Motor Vehicles)

Description	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Total assets \$

Liabilities (what you owe)

If this loan application is approved please indicate which liability(ies) will cease (be paid out).

Existing mortgages

Lender's name	Monthly payments	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Personal loans

Name of institution	Monthly payments	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Credit cards

Name of institution	Limit	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Other liabilities (e.g. HECS)

Description	Monthly payments	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Contingent liabilities under guarantees for other persons \$

Total liabilities \$

Section 10 - declaration and consent by applicant

1. You acknowledge that if your application is approved it will be subject to the Credit Provider's loan terms and conditions.
2. You acknowledge and agree that regardless of whether this application is approved or your loan proceeds to settlement, you agree to pay us any costs that we advise you will be incurred when you authorise us to instruct solicitors, valuers or other experts relevant to your loan application
3. You declare that any information contained in your application including all financial information is true and correct.
4. You acknowledge that we will not accept updates to the information provided in your application for a period of 14 days from the date of the application.
5. You authorise your solicitor or conveyancer to accept any notification on your behalf in relation to your application.
6. You declare that you are over the age of 18 and have never been bankrupt or made arrangements with creditors under bankruptcy legislation.
7. You agree and consent to your credit information and personal information being collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.
8. You authorise us to give any of your personal information, including information contained in your application, to any subsidiary or associated company of ME Bank and for us and our subsidiaries or associated companies to use such information, for the purposes of enabling you to keep up to date with other products and services.

If you do not want us or our subsidiaries or associated companies to use the personal information contained in your application form to provide such information to you, simply contact ME Bank during normal business hours on 1300 658 108 - or insert a cross in this box .

Signed by the applicant (please follow the instructions below to sign this form)

Signature <input type="text"/>	Print name <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature <input type="text"/>	Print name <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If more space is required please include signatures on a separate sheet and attach to this form.

Where the applicant is a:

- **Individual(s):** Each individual.
- **Sole Trader:** Proprietor of business to sign.
- **Company:** A Director and the Secretary or two Directors to sign.
- **Sole Director Company:** Sole Director/Secretary to sign, stating that he or she is the Sole Director and Sole Secretary of the company.
- **Trust:** All trustees to sign.
- **Partnership:** All partners to sign (unless ME Bank agrees otherwise in the case of a large partnership).
- **Incorporated Association:** Minimum of two office bearers (e.g. the Chairman, Secretary, Treasurer or equivalent officer in each case) to sign in accordance with the rules governing the association.
- **Union:** Authorised Representative(s) to sign in accordance with the registered rules of the Union.

Section 11 - declaration and signature by each individual named in Section 2

Each person named in Section 2 is to read and provide the following consent by signing below.

I declare that:

- All information about me provided in this application together with information included in any accompanying supporting documents is true, correct and complete.
- I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.

Signature <input type="text"/>	Print name <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature <input type="text"/>	Print name <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature <input type="text"/>	Print name <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If more space is required please include signatures on a separate sheet and attach to this form.

Statement of financial position (only complete this page if indicated in Section 6)

Applicant name

Assets (what you own)

Real estate

Address	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Bank accounts (e.g. Term Deposit, Savings, Cheque)

Name of institution	Balance
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Investment accounts

Name of institution	Balance
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Superannuation

Name of superannuation fund	Balance
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Other assets (e.g. Household contents, Shares, Motor Vehicles)

Description	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Total assets \$

Liabilities (what you owe)

If this loan application is approved please indicate which liability(ies) will cease (be paid out).

Existing mortgages

Lender's name	Monthly payments	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Personal loans

Name of institution	Monthly payments	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Credit cards

Name of institution	Limit	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Other liabilities (e.g. HECS)

Description	Monthly payments	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Contingent liabilities under guarantees for other persons \$

Total liabilities \$