Application for Finance

For the purposes of this Application Form, "Applicant" includes those people whose personal details have been provided have signed this form. This application form may be submitted to any one or more financiers on behalf of the Applicant. All references in this document to "the Financier" is to a financier to whom this form is submitted.

APPLICANT DETAILS - Organisation:

Legal Name (of Company/Organisation/Entity) *or in the case of a Trust/Partnership its OFFICIAL NAME.*

Trading Name

NZBN Number | GST Number | GST cycle: Monthly ☐ Two Monthly ☐ Six Monthly ☐ | No of employees

Nature of business *(what do you do?)*

Website

Date Business Started | Business Ph No | Contact Person | Mobile No

Street Address | Suburb | City/Town | Postcode

Postal Address *(if different)* | Suburb | City/Town | Postcode

Key Contacts for the Organisation: *Insurer, Accountant and Landlord Details*

Name of Insurer/Broker:		*Contact Person:*	
Phone Number:		*Email:*	
Accountancy Firm Name:		*Contact Person:*	
Phone Number:		*Email:*	

BANK DETAILS ***A/C Name:*** | ***Account Number:*** *Bank* | *Branch* | *Account No* | *Suffix*

PLEASE NOTE: The following **PERSONAL DETAILS** sections are to be completed by each person who, in respect of the Applicant, is a Director/Partner/Trustee/Guarantor or Sole Trader as the case may be.

APPLICANT DETAILS – Applicant 1 (Personal) *Director/Partner/Trustee/Guarantor/Sole Trader*

Mr, Mrs, Miss, Ms, Other | First & Middle Names | Surname | Date of Birth

Relationship Status | No of dependents | Driver Licence No | Version | NZ Citizen: Yes ☐ No ☐ | Permanent NZ: Yes ☐ No ☐

Residency: Own Home ☐ Renting ☐ Boarding ☐ Living at Home ☐ | Home Phone | Business Phone

Mobile | Email *(personal)* | Email *(business)*

Address | Suburb | City/Town | Postcode | Years there

Previous Street Address *(if less than 2 years at current)* | Suburb | City/Town | Postcode | Years there

Next of Kin Full Name | Relationship | Address | Phone No

APPLICANT DETAILS - Applicant 2 (Personal) *Director/Partner/Trustee/Guarantor*

Mr, Mrs, Miss, Ms, Other | First & Middle Names | Surname | Date of Birth

Relationship Status | No of dependents | Driver Licence No | Version | NZ Citizen: Yes ☐ No ☐ | Permanent NZ: Yes ✔ No ☐

Residency: Own Home ☐ Renting ☐ Boarding ☐ Living at Home ☐ | Home Phone | Business Phone

Mobile | Email *(personal)* | Email *(business)*

Address | Suburb | City/Town | Postcode | Years there

Previous Street Address *(if less than 2 years at current)* | Suburb | City/Town | Postcode | Years there

Next of Kin Full Name | Relationship | Address | Phone No

Adviser Name: GRIEG VAN KONINGSVELD

Adviser Mobile: 027 2844091