



Central West Credit Union Ltd

ABN 67 087 649 885

OVERDRAFT APPLICATION

LOAN DETAILS

Surname: Given Names:

Surname: Given Names:

Member Number:

Purpose Of This Loan (please indicate)

- | | |
|--|--|
| <input type="checkbox"/> Overdraft | Amount Required: \$ <input type="text"/> |
| <input type="checkbox"/> Visa Access Overdraft | Amount Required: \$ <input type="text"/> |
| <input type="checkbox"/> Mortgage Smart Plus Overdraft | Amount Required: \$ <input type="text"/> |
| <input type="checkbox"/> Mortgage Smart Overdraft | Amount Required: \$ <input type="text"/> |

The credit which I am applying for is: (tick which box applies)

Wholly or primarily for a domestic, family or household purpose (consumer credit)

Or

Wholly or primarily for another purpose (commercial credit)

Are you a guarantor for another persons loan? Yes No

OFFICE USE ONLY (print date CWCU/OD0218)

Date Received: / / Time Received am/pm Received By:

New Loan Variation

Loan type: Loan Number: Funding Date:

Checked By: Checked By:

CENTRAL WEST CREDIT UNION LTD

PARKES: 269 Clarinda Street Parkes 2870 Phone (02) 6862 2788 Fax (02) 6862 4878

FORBES: 87 Rankin Street Forbes 2871 Phone (02) 6852 3571 Fax (02) 6852 4248 COWRA: 91 Kendal Street Cowra 2794 Phone (02) 6342 4142 Fax (02) 6342 4161
Email: loans@cwcu.com.au Website: www.cwcu.com.au Rediphone: 1300 367 656 BSB: 802 394

PLEASE ANSWER ALL QUESTIONS AS IT IS ILLEGAL FOR US TO USE INFORMATION PREVIOUSLY SUPPLIED

PERSONAL PARTICULARS		(Primary Member)	(Co-Borrower)
Title (Optional):	Mr/Mrs/Miss/Ms/Other	Mr/Mrs/Miss/Ms/Other	Mr/Mrs/Miss/Ms/Other
Surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Names:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Residential Address:	<input type="text"/> Postcode <input type="text"/>	<input type="text"/> Postcode: <input type="text"/>	<input type="text"/>
Time There:	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>
Residential Status:	<input type="text"/> Owned/Buying/Renting/Boarding/Employer Provided	<input type="text"/> Owned/Buying/Renting/Boarding/Employer Provided	<input type="text"/>
Current Mailing Address:	<input type="text"/> Postcode <input type="text"/>	<input type="text"/> Postcode <input type="text"/>	<input type="text"/>
Previous Residential Address:	<input type="text"/> Postcode <input type="text"/>	<input type="text"/> Postcode <input type="text"/>	<input type="text"/>
Time There:	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>
Telephone:	Home <input type="text"/> Work <input type="text"/> Mobile <input type="text"/>	Home <input type="text"/> Work <input type="text"/> Mobile <input type="text"/>	<input type="text"/>
Facsimile:	Home <input type="text"/>	Home <input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Dependents:	Number <input type="text"/> Ages <input type="text"/>	Number <input type="text"/> Ages <input type="text"/>	<input type="text"/>
Drivers Licence:	Number <input type="text"/> Expiry <input type="text"/> / <input type="text"/> / <input type="text"/>	Number <input type="text"/> Expiry <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

EMPLOYMENT DETAILS		(Primary Member)	(Co-Borrower)
Current Employer:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Occupation:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Term of Employment:	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>
Employment Status:	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Permanent Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Pensioner	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Pensioner	<input type="text"/>
Name of Contact:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Employer:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Occupation:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Term of Employment:	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>
Employment Status:	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Permanent Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Pensioner	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Pensioner	<input type="text"/>

OTHER CONTACTS (list the names and addresses of two relations in Australia)	
Name:	<input type="text"/>
Address:	<input type="text"/>
Telephone:	<input type="text"/>
Relationship:	<input type="text"/>

INCOME

Please include 3 recent payslips for each applicant and confirmation of other income, or last two years' tax returns for self-employed applicants.

	Primary Member	Wk/Ftnt/Mth	Co-Borrower	Wk/Ftnt/Mth
Net Income (Current Employer)	\$		\$	
Pension	\$		\$	
Family Allowance	\$		\$	
Parenting Allowance	\$		\$	
Rental Income	\$		\$	
Second Job	\$		\$	
Other	\$		\$	

ASSETS

Type of Asset	Amount	Details/Address	Name of Financier
Home	\$		
Investment Property	\$		
Vacant Land	\$		
Motor Vehicle 1	\$	List details below	
Motor Vehicle 2	\$	List details below	
Motor Bike	\$		
Furniture	\$		
Shares	\$		
Savings - Credit Union	\$		
Savings - Other	\$		
Superannuation	\$		
Boat/Caravan	\$		
Other - Please List	\$		
	\$		

	Year	Make	Model	Registration No	Insurance Company	Type of Cover
Vehicle 1						
Vehicle 2						

LIABILITIES (Please list credit card limits even if balance owed is nil)

Item Financed	Owed to	Repayments	Wk/Ftnt/Mth	Balance	Limit
First Mortgage		\$		\$	\$
Investment Mortgage		\$		\$	\$
Rent/Board		\$		\$	\$
Personal Loan		\$		\$	\$
Personal Loan		\$		\$	\$
Credit Card		\$		\$	\$
Credit Card		\$		\$	\$
Store Card		\$		\$	\$
Maintenance		\$		\$	\$
Other		\$		\$	\$
Lease		\$		\$	\$
Overdraft		\$		\$	\$

CONSENT FOR ELECTRONIC DELIVERY OF STATEMENTS & NOTICES

Please use my email address:

- to send me statements and notices for all my banking and loan accounts; or
- to tell me that they are available to view or download from your Internet Banking site

I understand that:

- you will stop posting me paper statements and notices
- I need to check my emails regularly
- I can revert to receiving paper statements and notices in the post at any time.

AGREEMENT

I/We hereby authorise my/our employer/s and/or accountants and/or real estate agent to divulge personal information to Central West Credit Union on their request.

I/We agree to reimburse the Credit Union for its expenses incurred by the Credit Union in

- obtaining a valuation, even if the Credit Union decides not to approve the loan and I/we acknowledge that the Valuation remains the property of the Credit Union.
- preparing security documents even if we do not complete the loan for any reason at all.

Credit Reports for Commercial Loan Applicant Applications

By submitting this application you expressly consent to our obtaining a credit report containing your credit information in order to assess your commercial loan application.

SIGNATURE:

DATE: / /

SIGNATURE:

DATE: / /

LIFE, DISABILITY AND UNEMPLOYMENT INSURANCE

Central West Credit Union offers insurance to members who wish to insure their loan repayments against life, sickness, accident or involuntary unemployment. Please tick the appropriate box to indicate your Consumer Credit Insurance needs.

- YES I/we would like to take advantage of all the Consumer Credit Insurance that I/we are eligible for. (I/we understand that I/we will need to complete a proposal form and pay the premium in order to be insured.)
- NO I do not require Consumer Credit Insurance.
- Please contact me/us with more details.

VARIABLE LIVING EXPENSES DECLARATION

Number of Adults	<input style="width: 90%;" type="text"/>	INPUT REQUIRED
Number of Dependant Children	<input style="width: 90%;" type="text"/>	

STANDARD	Amount \$	Frequency (W,F,M, A)
Food & Groceries	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Rates (1 or more properties?)	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Water Rates (1 or more properties)	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Electricity	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Gas	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Phone	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Fuel	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Mobile Phone (more than 1?)	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Building & Contents Insurance	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Car Registration	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Car Insurance	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Other Registration (Caravan, Boat, Motorcycle etc)	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Other Insurance (Caravan, Boat, Motorcycle etc)	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
School Fees	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Hospital & Medical Fund	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Chemist	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Other?	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
SUB TOTAL =	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>

DISCRETIONARY	Amount \$	Frequency (W,F,M, A)
Pay TV subscription	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Other subscriptions & memberships	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Entertainment	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Vet fees	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Holidays	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Other?	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
SUB TOTAL =	\$ <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Member estimated TOTAL VARIABLE LIVING EXPENSES \$

I/We hereby declare that the above table of variable living expenditure reasonably reflects my/our current expenses

X	/ / .	X	/ / .
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Privacy Notification

Outline

This Privacy Notification sets out:

- why we collect and use your information
- how we collect and use your information
- what happens if you do not wish to provide us with information
- whether we provide your information to other entities
- the availability of our Privacy Policy
- when we can disclose certain information to a credit reporting body
- how a credit reporting body may use your information
- whether we disclose your information overseas and if so, where
- how you can contact us.

Collection & use of your information

We collect and use your information to:

- provide you with membership benefits, financial services and products or information about those benefits, services and products
- provide you with information about financial services and products from 3rd parties we have arrangements with
- conduct market and demographic research in relation to the products and services you and other members acquire from us
- establish your eligibility for a loan
- establish your capacity to repay a loan.

The law also requires us to collect and hold your information:

- for our register of members under the Corporations Act
- to verify your identity under the AML/CTF Act
- to assess your capacity to pay a loan under the National Consumer Credit Protection Act.

How we collect your information

We will collect information about you and your financial position from you directly

When you apply for a loan, we will collect information about your credit history from a credit reporting body.

How you can access your information

You can request access to your information at any time.

What if you do not wish to provide us with information?

If you do not give us the information we require, we may not be able to admit you to membership or provide you with the financial service or product you have applied for.

Providing your information to credit reporting bodies

The credit reporting body we disclose information to is Equifax.

If you do not make your repayments when they fall due or commit a serious credit infringement, we may disclose this to Equifax. Any information we provide to Equifax will be included in reports provided to credit providers to help them to assess your creditworthiness.

You can ask Equifax not to use your information for pre-screening of direct marketing by a credit provider. You can also ask them not to use or disclose your information if you reasonably believe that you have been or are likely to be a victim of fraud.

Equifax's policy on the management of information is available at www.mycreditfile.com. You can contact Equifax by:

- Website - www.equifax.com.au/contact

Providing your information to other entities

We disclose your information to other entities. We can disclose your information to:

- entities that verify identity
- providers of payment and card services, when you make a transaction using a payment service or a card
- lawyers, conveyancers, accountants, brokers and agents who represent you
- contractors for statement printing and mail out, card and cheque production, market research or direct marketing
- affiliated product and service suppliers to provide information to you about their services and products
- credit reporting bodies and other financial institutions that have previously lent to you
- persons you use as referees
- for property loans – property valuers and insurers
- mortgage documentation service
- trustee and manager of securitised loan programs
- any proposed guarantor of a loan
- debt collection agencies, lawyers, process servers
- our auditors.

We will also disclose your information to law enforcement and government agencies as required by law.

Our Privacy Policy

Our Privacy Policy is available at www.cwcu.com.au. The Policy contains information about:

- how you can access your information
- how you can seek correction of your information
- how you make a complaint and how we will deal with it
- in what overseas countries we are likely to disclose your information.

Disclosure to overseas recipients

We do not currently disclose your information to overseas recipients.

How to contact us

You can contact us:

- in person at one of our branches
- by calling us on 02 – 6862 2788
- by email at enquiries@cwcu.com.au
- in writing to PO Box 77 Parkes NSW 2870.