



575 Great South Road (at rear), PO Box 12 472, Penrose, Auckland
T: 09 579 0448 T: 0800 432 328 F: 09 525 2458
e: general@fpfcu.co.nz w: www.fpfcu.co.nz

How to apply - print this form out and either fax, post or come in and talk to us

PERSONAL DETAILS

SURNAME: CHRISTIAN NAME:

RESIDENTIAL ADDRESS:

PHONE NO: MOBILE NO: WORK NO:

DATE OF BIRTH: MARRIED SINGLE DEFACTO SEPARATED DIVORCED

IN RESPECT OF THE ABOVE ADDRESS:

I/WE: OWN THE PROPERTY BUYING THE PROPERTY RENTING BOARDING YEARS

NAME OF MORTGAGOR OR LANDLORD

PREVIOUS ADDRESS UNDER 3 YEARS

NAME AND ADDRESS OF TWO NEAREST RELATIVES IN NEW ZEALAND - NOT LIVING WITH YOU

1. NAME: ADDRESS:

TELEPHONE (Home) (Work) RELATIONSHIP

2. NAME: ADDRESS:

TELEPHONE (Home) (Work) RELATIONSHIP

ARE YOU CURRENTLY EMPLOYED: YES NO LENGTH OF SERVICE: Years Mths

CURRENT EMPLOYER'S NAME:

LOAN DETAILS

LOAN AMOUNT: \$ TERM: 12 Mths 24Mths Other

PURPOSE OF THE LOAN - PLEASE PROVIDE FULL DETAILS:

SECURITY OFFERED - PLEASE TICK

CREDIT UNION SHARES CAR BOAT PROPERTY

DESCRIPTION OF SECURITY

REGISTRATION NUMBER

DETAILS OF CAR INSURANCE

FINANCIAL POSITION

ASSETS: (What you own)

COMMITMENTS: (What you owe)

HOME \$ FIRST MORTGAGE \$

HOUSEHOLD CONTENTS \$ SECOND MORTGAGE \$

VEHICLES \$ VEHICLES \$

BANK (Include Credit union) \$ OTHER LOANS \$

DECLARATION

WE HEREBY APPLY FOR THE LOAN AMOUNT SHOWN AND CERTIFY THAT THE INFORMATION DECLARED IS TRUE AND COMPLETE. I/WE AUTHORISE THE CREDIT UNION TO OBTAIN SUCH FURTHER INFORMATION AS IT MAY CONSIDER NECESSARY TO SUPPORT THIS APPLICATION. WE AUTHORISE ANY PERSON OR COMPANY TO PROVIDE YOU SUCH INFORMATION AS YOU MAY REQUIRE IN RESPONSE TO YOUR CREDIT AND/OR EMPLOYMENT ENQUIRIES. I/WE FURTHER AUTHORISE YOU TO FURNISH TO ANY THIRD PARTY DETAILS OF THIS APPLICATION AND ANY SUBSEQUENT DEALINGS THAT I/WE MAY HAVE WITH YOU AS A RESULT OF THIS APPLICATION BEING ACTIONED BY YOU. I/WE ACKNOWLEDGE THAT IN THE EVENT OF DEFAULT, THE CREDIT UNION MAY:

- LIST ME/US AS A DEFAULTER WITH CREDIT AGENCIES (ON THE UNDERSTANDING THAT PRIOR NOTICE IN WRITING OF THE CREDIT UNION'S INTENTION TO DO SO WILL BE GIVEN TO ME/US AT MY/OUR LAST KNOWN ADDRESS).
- USE THE SERVICES OF ENQUIRY AGENTS.
- PLACE THE DEBIT WITH A COLLECTION AGENCY.

I/WE ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS APPLICATION MAY ALSO BE USED BY THE CREDIT UNION TO OFFER OR PROVIDE ME/US WITH THE CREDIT UNION'S PRODUCTS AND SERVICES AND THOSE OF SELECTED THIRD PARTIES.

MEMBER'S SIGNATURE: DATE:/...../.....

JOINT SIGNATURE: DATE:/...../.....