

Bring this form into a branch or send this form to:  
Australian Military Bank, PO Box H151, Australia Square NSW 1215

**FIRST MEMBER**

Member Number

Title

Given Name(s)

Other Name(s)

Surname

Date of Birth

Rank (if applicable)

Residential Address

Suburb

State

Postcode

Mailing Address (if different from above)

Suburb

State

Postcode

Date Moved In

 Month Year Own Renting Boarding Service accom

Home Phone

Work Phone

Mobile

Email

**SECOND MEMBER**

Member Number

Title

Given Name(s)

Other Name(s)

Surname

Date of Birth

Rank (if applicable)

Residential Address

Suburb

State

Postcode

Mailing Address (if different from above)

Suburb

State

Postcode

Date Moved In

 Month Year Own Renting Boarding Service accom

Home Phone

Work Phone

Mobile

Email

# EMPLOYMENT DETAILS

## FIRST APPLICANT

Current employment type

PAYG  Self Employed  Unemployed

**Current Employer**

Employer Address

Suburb

State

Postcode

Occupation

Date Commenced

 Month Year

Business Phone

Full time  Part Time  Casual  Contract

Temp  Other

**If Self Employment Status, Business Name**

ACN/ABN

Start Date

 Month Year

Type of Business

## SECOND APPLICANT

Current employment type

PAYG  Self Employed  Unemployed

**Current Employer**

Employer Address

Suburb

State

Postcode

Occupation

Date Commenced

 Month Year

Business Phone

Full time  Part Time  Casual  Contract

Temp  Other

**If Self Employment Status, Business Name**

ACN/ABN

Start Date

 Month Year

Type of Business

# FINANCIAL POSITION

## Assets (what you own)

Real Estate (property)	Property Description (house, unit, land, etc.)	Situation (owner occupied, rented etc.)	Property Ownership	Market Value
1.			<input type="checkbox"/> Appl 1      % <input type="checkbox"/> Appl 2      %	\$
2.			<input type="checkbox"/> Appl 1      % <input type="checkbox"/> Appl 2      %	\$
3.			<input type="checkbox"/> Appl 1      % <input type="checkbox"/> Appl 2      %	\$

## Savings/Investments

Financial Institution	Value
	\$
	\$
	\$

## Motor Vehicles

Description	Market Value
	\$
	\$
	\$

## Superannuation

Superannuation Fund	Value
	\$
	\$
	\$

## All Other Assets

Description	Value
Home Contents	\$
Shares	\$
Other	\$

## Liabilities (what you owe)

### Existing Mortgage(s)

Lender/Financial Institution	Balance Owing	Monthly Repayment

### Personal Loan(s)/Car Loans(s)

Lender	Balance Owing	Monthly Repayment

### Credit Card(s)/Store Cards(s)

Lender	Limit	Balance Owing	Monthly Repayment

## Other

Description E.g. HECS/HELP	Balance Owing
Other:	\$

Other:	\$
Other:	\$

**Individual applicant's financial position (if trust or company, provide statements)**

Net income details	Applicant 1		Applicant 2	
	Net Amount (amount after tax has been deducted)	Frequency (please tick)	Net Amount (amount after tax has been deducted)	Frequency (please tick)
Employer 1	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Employer 2 (if applicable)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Rental	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Other	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly

**Monthly expenses (do not include loan repayments)**

Monthly rent	\$	\$
Basic expenses (eg food, transport, petrol, utilities, medical, rates, family payments, clothes)	\$	\$
Education expenses	\$	\$
Childcare fees	\$	\$
Insurance (including car, CTP, building, contents, health, income protection)	\$	\$
Mobile phone/Internet/Pay TV	\$	\$
Other (eg holidays, entertainment, gym membership, cleaning, gardening services etc)	\$	\$
Other	\$	\$

## DECLARATION

**You declare as follows (please review carefully):**

- the information in this document are in all respects correct and complete to the best of your knowledge and belief.
- we have the right to confirm the details of the information provided in this application, including with your employer.

## E-CONSENT

**Do you consent to receive our Offer and Loan Contract, statements, notices and other documents electronically?**

YES  NO

You understand that upon the giving this consent:

- we may no longer send paper copies of notices and other documents to you;
- you should regularly check your nominated email address below for notices and other documents;
- we may send the notices and other documents by email, or provide a notice in an email that the documents are displayed on and can be retrieved from a website; and
- you may withdraw your consent to the giving of notices and other documents by electronic means at any time. You have facilities to enable you to print the notice or other document sent to you electronically.

## SIGNATURE OF MEMBERS(S)

**Name of the First Applicant / Director**

**Signature**

**Date**

**Name of the Second Applicant / Director**

**Signature**

**Date**