

Full Doc
 Development
 SMSF
 Alternate Doc
 Lease Doc
 Lite Doc

1 Company / Trust / Partnership Details

Entity Name ABN

Full Legal Name

Business Type
 Sole Proprietor
 Partnership
 Trust
 Company
 Other

Business Activity / Industry ABN / ACN

Registered Business Address

Street (Not PO Box)

Suburb/Town State P/code

Mailing Address

Street / PO Box

Suburb/Town State P/code

Business Contact Details

Phone Email

2 Purpose of Loan

Is this loan for predominantly business or investment purposes? Yes No

Purpose of loan & Use of Funds:

3 Loan Details (if insufficient space please attach additional notes)

Loan Type	Loan amount/ limit requested	Fixed or variable interest rate
	\$	
	\$	
	\$	

4 Security Details

Security to be offered in support of this business application

Security Address	Security type (residential, commercial, rural)	Estimated Value	Does security support other loans?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

5 Authorised Parties Details: Solicitor, Accountant and Broker

Solicitor: Name of Firm **Solicitor:** Key Contact

Solicitor: Email **Solicitor:** Phone

Accountant: Name of Firm **Accountant:** Key Contact

Accountant: Email **Accountant:** Phone

5 Authorised Parties Details: Solicitor, Accountant and Broker continued

Broker: Name of Firm	<input type="text"/>	Broker: Key Contact	<input type="text"/>
Broker: Email	<input type="text"/>	Broker: Phone	<input type="text"/>

6 Personal Details for Applicants / Guarantors

If further copies required, please photocopy or print more copies of this page

Director / Proprietor / Partner 1

Applicant
 Director
 Partner
 Guarantor

Title: Mr Mrs Ms Miss Dr Other

Full Name

Residential Address Street (Not PO Box)

Suburb/Town State P/code

Time at current Address Years Months

Business Phone Home Phone

Mobile Phone Email

Drivers Lic No. Expiry DD | MM | YY

Date of Birth DD | MM | YYYY Marital Status No. of dependants

Occupation Employer

Casual
 Part Time
 Full Time
 Time at current employment Years Months

Are you a resident of another country for tax purposes? Yes No

If yes, country of tax residence Tax Identification Number (TIN) from foreign country

Are you a Politically Exposed Person (PEP*)? Yes No

* A Politically Exposed Person (PEP) is a person, or an immediate family member of a person, who holds a prominent public position or function in a government body or international organisation. PEP status is defined and regulated under Australia's Anti-Money Laundering & Counter-Terrorism Financing Act 2006 (Cth).

Director / Proprietor / Partner 2

Applicant
 Director
 Partner
 Guarantor

Title: Mr Mrs Ms Miss Dr Other

Full Name

Residential Address Street (Not PO Box)

Suburb/Town State P/code

Time at current Address Years Months

Business Phone Home Phone

Mobile Phone Email

6 Personal Details for Applicants / Guarantors continued

Director / Proprietor / Partner 2 Continued

Drivers Lic No. Expiry

Date of Birth Marital Status No. of dependants

Occupation Employer

Casual Part Time Full Time Time at current employment

Are you a resident of another country for tax purposes? Yes No

If yes, country of tax residence Tax Identification Number (TIN) from foreign country

Are you a Politically Exposed Person (PEP*)? Yes No

* A Politically Exposed Person (PEP) is a person, or an immediate family member of a person, who holds a prominent public position or function in a government body or international organisation. PEP status is defined and regulated under Australia's Anti-Money Laundering & Counter-Terrorism Financing Act 2006 (Cth).

7 Other Information and Comments (Background, Past & Future Financial Results, General)

8 Living Expenses (Please provide a copy for additional Applicants/Guarantors if required)

In adherence with our responsible lending obligations, TPT Wealth needs to take into account the customers' personal financial situation. This means we need customers to provide us with their actual living expenses (Customer Stated Living Expenses) for all loan applications.

Rent / Board	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	Will this continue after settlement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alimony / maintenance payments	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			
Child care	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			
Clothing and personal care	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			
Education / Private school fees / HECS	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			
Groceries	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			
Insurance (health, life, sickness)	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			
Investment property (council rates, land tax, insurances, body corporate fees)	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			
Medical and health	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			
Recreation and entertainment	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			
Telephone and internet	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			
Transport	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			
Utilities and rates – owner occupied	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			
Voluntary superannuation contributions	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			
Other living expenses	\$ <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly			

Are there any other expenses not detailed above which may impact the capacity to repay this loan without hardship? If so please provide details below:

9 Statement of Assets and Liabilities (Please copy for additional Applicants/Guarantors if required)

ASSETS – WHAT YOU OWN Applicant/s Guarantor/s Specify Linked Liability/ies below e.g. Loan/s 1 & 4

Existing Property/ies	Value	Loan/s
Address:	\$	
Address:	\$	
Address:	\$	
Address:	\$	

Vehicle/s	Year	Make	Model	Value	Loan/s
				\$	
				\$	

	Name of Financial Institution	Balance
Savings/Deposit accounts		\$
Savings/Deposit accounts		\$
Savings/Deposit accounts		\$
	Provide Details	Value
Home Contents		\$
Superannuation		\$
Other Assets		\$
Other Assets		\$
Other Assets		\$

LIABILITIES – WHAT YOU OWE

Loans	Name of Financial Institution	Interest Rate	Balance Owning / Limit	Monthly Repayment	P&I or I.O	If I.O remaining I.O term
1 <input type="checkbox"/> Home <input type="checkbox"/> Personal		%	\$	\$		
2 <input type="checkbox"/> Home <input type="checkbox"/> Personal		%	\$	\$		
3 <input type="checkbox"/> Home <input type="checkbox"/> Personal		%	\$	\$		
4 <input type="checkbox"/> Home <input type="checkbox"/> Personal		%	\$	\$		
5 <input type="checkbox"/> Home <input type="checkbox"/> Personal		%	\$	\$		

Store / Credit Cards e.g. Visa

Card Type	Name of Financial Institution	Balance Owning	Card Limit	Mthly Repayment
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Overdraft	Name of Financial Institution	Overdraft Limit	Balance Owning
		\$	\$

Other Liabilities e.g. Car lease/Customer is guarantor for Loan

Liability Type	Name of Financial Institution	Balance Owning	Monthly Repayment
		\$	\$
		\$	\$

10 Direct Debit Account Details

In connection with my/our loan accounts you are hereby authorised to direct debit the loan repayments from the below account:

Account Holder Name	<input type="text"/>		
Account Holder Address	Street <input type="text"/>		
	Suburb/Town <input type="text"/>	State <input type="text"/>	P/code <input type="text"/>
Financial Institution Name	<input type="text"/>		ABN <input type="text"/>
	BSB <input type="text"/>	Account No. <input type="text"/>	

11 Valuation Fees

In connection with my/our loan application you are hereby authorised and requested to arrange a valuation by a registered valuer of the property situated at:

Address	Street <input type="text"/>		
	Suburb/Town <input type="text"/>	State <input type="text"/>	P/code <input type="text"/>

I / We hereby agree to pay or reimburse you for the valuers fee and any additional costs associated with assessing (or reassessing) the value of the above mentioned property, irrespective of whether my / our loan application is subsequently withdrawn or declined.

12 Email Statements Consent

In connection with my/our loan application you are hereby authorised to email loan statements to the following email address:

13 Nominated Person/s

In connection with my/our loan application and accounts you are hereby authorised to send all correspondence to the following nominated person/s:

Name	<input type="text"/>		
Address	Street / PO Box <input type="text"/>		
	Suburb/Town <input type="text"/>	State <input type="text"/>	P/code <input type="text"/>
Name	<input type="text"/>		
Address	Street / PO Box <input type="text"/>		
	Suburb/Town <input type="text"/>	State <input type="text"/>	P/code <input type="text"/>

14 Applicant Declaration Authority & Acknowledgement

Borrower's Signatures

Dated the day of 20

Signed by Individual Borrower 1

Signed by Individual Borrower 2

Signed by Individual Borrower 3

Signed by Individual Borrower 4

Signed by Company Borrower

ACN

in accordance with Section 127 of the Corporations Act in the presence of:

Director

Director/Secretary

Full Name

Full Name

Guarantor 's Signatures

Dated the day of 20

Signed by Guarantor 1

Signed by Guarantor 2

Signed by Guarantor 3

Signed by Guarantor 4

Signed by Company Borrower

ACN

in accordance with Section 127 of the Corporations Act in the presence of:

Director

Director/Secretary

Full Name

Full Name