



## APPLICATION FOR LOAN TO PURCHASE MOTOR VEHICLE

### PLEASE READ THESE NOTES BEFORE FILLING IN THE FORM

1. You are advised not to enter into binding obligations until the loan has been approved.
2. Application, certificate on reverse and acceptance on page 3 must be completed in respect of joint circumstances even though the loan may be sought in the sole name of one or the other
3. All appropriate questions should be answered as delays may occur if all relevant information is not supplied.
4. Please note that your application is to be supported by a Doctor's Certificate.
- N.B. All legal costs associated with the preparation of securities for this loan (if approved) will be deducted from the total advanced. Allowance for Legal Costs can be added on to the loan if desired.

1. Full name(s): ..... Tel.: .....  
 (Applicant's surname(s) followed by first names) (Business) (Private)

2. Address: ..... Email: .....  
 .....

3. Description of vehicle to be financed  
 Make: ..... Model: .....  
 Registration no.: ..... VIN no.: .....  
 New  or second-hand

Name of vendor: .....  
 Is the vendor a L.M.V.D.? YES / NO

4. Purpose for which required: (e.g. personal or employment) .....  
 .....

5. Cash price of vehicle	\$.....
Admin. Security & documentation fees (\$238.00)	\$.....
<b>Total to be financed</b>	<b><u>\$.....</u></b>
Less by trade-in vehicle (if any)	\$.....
Less own cash contribution	\$.....
Less vehicle modification funding	\$.....
Less lotteries grant	\$.....
Amount of loan required from the Foundation	\$.....
<b>Total cost (as above)</b>	<b><u>\$.....</u></b>

6. Term of repayment requested: ..... years. Monthly repayments: \$ .....

7. Security offered for loan  
 Property at: .....  
 Owned by: .....

8. No. of current driver's licence: ..... Expiry date: .....  
 Issued by: .....

9. Will be insured with: .....

10. Solicitor to be instructed: (if applicable) .....  
 Of: .....  
 Address: .....

# STATEMENT OF PERSONAL CIRCUMSTANCES OF APPLICANTS

11. Nature of Disability: .....  
(To be supported by Doctor's Certificate)
12. Cause of Disability (i.e. motor accident, sickness, etc.):.....
13. Date from which Disability suffered: .....
14. Name and Address of Doctor: .....
15. (a) Have you received, or do you expect to receive,  
any compensation for the injury, if caused by accident? .....
- (b) If yes, please state amount: \$ .....
16. If you are a member of any organisation(s) for the disabled, give name(s): .....
17. (a) State names of any other organisations or Government agency to whom application for assistance has been  
made in the last 5 years, including any current application: .....
- (b) If yes to above, give details of assistance granted (date and amount): .....
18. Marital status: ..... Date(s) of Birth ...../...../.....  
(Applicant's) (Partner's)
19. Children and/or dependents who will be living with you:
- | (Name) | (Age) | (Relationship) | (Extent of dependency) |
|--------|-------|----------------|------------------------|
| .....  | ..... | .....          | .....                  |
| .....  | ..... | .....          | .....                  |
| .....  | ..... | .....          | .....                  |
20. Employer: ..... Period of present employment: .....
21. Income:
- |   | Weekly earnings at<br>time of application | Total received during<br>past twelve months |
|---|---|---|
| Applicant's Gross Income from Work                      | \$.....                                   | \$.....                                     |
| Partner's Gross Income from Work                        | \$.....                                   | \$.....                                     |
| Accident Compensation                                   | \$.....                                   | \$.....                                     |
| Disability Allowances                                   | \$.....                                   | \$.....                                     |
| Supported Living Payment (SLP)                          | \$.....                                   | \$.....                                     |
| Accommodation Supplement                                | \$.....                                   | \$.....                                     |
| Other income (e.g. Boarders, Interest/Investments)..... | \$.....                                   | \$.....                                     |
| .....   | \$.....                                   | \$.....                                     |
| <b>TOTALS</b>   | <b>\$.....</b>                            | <b>\$.....</b>                              |
22. ASSETS (including partner's) LIABILITIES (including partner's)
- |  |         |   |         |
|--|---------|---|---------|
| Deposit already paid on property       | \$..... | Owing on section or property                    | \$..... |
| Cash (in Bank, etc.)                   | \$..... | H.P. on car at \$..... per week                 | \$..... |
| Investments (attach details)           | \$..... | H.P. on furniture at \$..... per week           | \$..... |
| Section or .....<br>Property (Address) | \$..... | Other liabilities (give details)eg credit cards | \$..... |
| Furniture (value)                      | \$..... | Rate's p.a.                                     | \$..... |
| Motor vehicle (Model) .....            | \$..... | Houseowner's Insurance p.a.                     | \$..... |
| Kiwisaver / Superannuation             | \$..... | Mortgages with: .....                           |         |
| Other assets (give details).....       | \$..... | Amount borrowed                                 | \$..... |
| .....                                  | \$..... | Monthly repayments                              | \$..... |
|  |         | Other loans                                     | \$..... |
|  |         | (Use another sheet of paper if needed)          |         |
23. Do you, or your partner have a credit card? NO / YES. If yes, please provide your credit card(s) name and credit limit(s)  
.....
24. Have you, or has your partner, an interest in any other property and/or business? NO / YES Details are.....  
.....
25. Are the applicants New Zealand citizens or have permanent New Zealand residency Yes or No (circle one).

I hereby certify that all the information stated in this application is to the best of my knowledge true and correct.

Date: ..... Signature .....

Applicant(s)

I/We declare that I am over the age of 18 years and I/We warrant that the particulars and information set out herein are true and correct. I/We further acknowledge that the information provided will be relied upon by the lender to make lending decisions and I/We further acknowledge that the lender may or may not choose to independently verify or check with third parties to ascertain and verify all the information provided is true and correct.

I/We declare that I/We am/are not formerly or currently adjudicated bankrupt, applied or entered into a No Asset Procedure, Debt Repayment Order or liable under any proceedings under the Insolvency Act 2006 and its amendments nor I/We have been convicted of any criminal offence and involving any dishonesty.

Privacy Act 2020- I/We irrevocably authorise New Zealand Paralegic and Physically Disabled Foundation trading as Paraloan to furnish and collect all personal information to third parties and make all necessary enquiries concerning my/our financial matters from any other parties and any source, including but not limited to all government/crown entities, other financial Institutions, credit rating agency, lawyers, accountants, employers and others. I/We authorise any party or entity approached by Paraloan to provide such information to Paraloan in due course.

I/We hereby acknowledge the necessity for Paraloan to use this information for the purpose of 1) accurately assessing my current and future loan application requirements whether granted or not 2) and from time to time may request information as part of its administration and enforcement of the loan and other loan obligations under the signed loan agreement. 3) Assist with any other investigation, AML/CFT suspicious transaction reporting/monitoring to any government agency or lodging default with any such credit reporting source deemed necessary. Those sources may share this default information and your other information(s) lodged/reported with any other parties.

We will provide your personal information to Centrix Group Limited when we use their consumer credit reporting services (for example for credit checking).

Details of how Centrix handles your personal information can be found here:  
<https://www.centrix.co.nz/privacy-statement>

Centrix will collect your credit information for the purpose of providing credit reporting services to us and other subscribers to Centrix consumer credit reporting services, and Centrix will use and disclosure your credit information in accordance with the Centrix Privacy Statement. You have rights of access to, and correction of your credit information and any other personal information held by Centrix as set out in Centrix Privacy Statement.

You acknowledge that you have the right to access and, if necessary to request the correction of, personal information that we hold.

## ACCEPTANCE

The applicant(s) agree to the terms set out above

Surname_____	First Name_____	Middle Name(s)_____
Applicant Signature_____	Date_____	

Surname_____	First Name_____	Middle Name(s)_____
Applicant Signature_____	Date_____	