



Guarantee and Indemnity Information

State of Financial Position

Member Name Member Number(s)

Relationship to Borrower(s)

Personal Details

Title Surname Given Name(s)

Postal Address
 Unit/Floor/Street No. Street Suburb/Town State Postcode

Residential Address
 Unit/Floor/Street No. Street Suburb/Town State Postcode

Date commenced living at this address Home ownership status (please tick)
 Owner Buying Renting Boarding Living with parents

Previous address (if at current address for less than 3 years)

Home Phone No. Work Phone No. Mobile Phone No.

Email address Drivers Licence Number Date of Birth

Name of Spouse Spouse's Member Number (if applicable) Date of Birth

Drivers Licence Number Spouse's Employer Period of Employment

Name of nearest relative not living with you Relationship Telephone

Address

Employment Details

Occupation (if self-employed, nature of business) Employment status (please tick)
 Full-time Part-time Casual Self-Employed

Employer Period of Employment with Current Employer years months

Previous Employer, and Period of Employment (if current is less than 3 years)

Current Financial Commitments

	Full Name of Company	Fortnightly Payment	Balance Owning
Home Mortgage / Rent / Board		\$	\$
Second Mortgage		\$	\$
Car Loan		\$	\$
Personal Loans		\$	\$
Personal Loans		\$	\$
Retail Credit Accounts		\$	\$
Credit Union Loan		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
	TOTAL	\$	\$

Current Assets

	DESCRIPTION	VALUE
Property located at		\$
Motor Vehicle		\$
Model / Make		\$
Savings (Credit Union)		\$
Savings (Bank, Building Society etc.)		\$
Other Assets:		\$

Do you have any application for a loan with (please tick):

- The Credit Union which has not yet been paid to you? Yes No
- Are you a member of any other Credit Union? Yes No
- Is your spouse a member of any other Credit Union? Yes No
- Are you now on Sick or Extended Leave? Yes No

Income Details

INCOME PER FORTNIGHT	SELF	SPOUSE
Net wage after superannuation and tax	\$	\$
Other (details)	\$	\$
Other (details)	\$	\$
Total Income	\$	\$

Declaration

I certify that all statements made and information supplied by me in this application are, to the best of my knowledge, true and correct.

Name

Signature

Date