



# HAINES GROUP IMPRESSIONS

## Consumer Finance Application

### DEALER DETAILS

Dealers Name \_\_\_\_\_  
 Salesman \_\_\_\_\_  
 Phone no. [ ] \_\_\_\_\_  
 Fax no. [ ] \_\_\_\_\_  
 Email \_\_\_\_\_

- Purchased Contract Attached  
 Privacy Consent Attached

### PERSONAL DETAILS

Title: Mr Mrs Ms Miss Dr Other  
 Surname \_\_\_\_\_  
 Full Given Name(s) \_\_\_\_\_  
 Marital Status \_\_\_\_\_  
 Single  Married  Defacto  
 Separated/divorced  Widowed  
 Other Name(s) commonly known by or maiden name \_\_\_\_\_

Number of dependants (under 18 years) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Gender  Male  Female

Are you a permanent Australian Resident?  Yes  No  
 Nationality \_\_\_\_\_

Mother's Maiden Name (for security purposes) \_\_\_\_\_  
 Time with existing Bank \_\_\_\_\_ yrs \_\_\_\_\_ mths  
 Are you a Impressions SAF customer?  Yes  No  
 If yes, please provide account number \_\_\_\_\_  
 Driver Licence Number \_\_\_\_\_

### CURRENT RESIDENTIAL ADDRESS

PO Box not acceptable. Australian address must be supplied.

Address \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_  
 Post Code \_\_\_\_\_ Yrs there \_\_\_\_\_  
 Residential Status  An owner  Renting  
 Living with Relatives  Boarding  Other

Give Details of Landlord/Agent (if renting/boardings)  
 Name \_\_\_\_\_  
 Phone no. [ ] \_\_\_\_\_

### CONTACT DETAILS

Home Phone no. [ ] \_\_\_\_\_  
 Mobile Phone no. \_\_\_\_\_  
 Email Address \_\_\_\_\_

By providing your email address, you consent to Impressions Special Assets or its related entities sending you promotional electronic messages. If you do not wish to receive messages please leave this space blank.

### MAILING ADDRESS

Address \_\_\_\_\_  
 Suburb \_\_\_\_\_  
 State \_\_\_\_\_ Post Code \_\_\_\_\_

### PREVIOUS ADDRESS

Address \_\_\_\_\_  
 Suburb \_\_\_\_\_  
 State \_\_\_\_\_ Post Code \_\_\_\_\_

### DETAILS OF A RELATIVE OR FRIEND

Who lives in Australia BUT DOES NOT live with you

Title: Mr Mrs Ms Miss Dr Other  
 Surname \_\_\_\_\_  
 Full Given Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Suburb \_\_\_\_\_  
 State \_\_\_\_\_ Post Code \_\_\_\_\_

Day Phone no. [ ] \_\_\_\_\_  
 Evening Phone no. [ ] \_\_\_\_\_  
 Relationship to you \_\_\_\_\_

### EMPLOYMENT DETAILS

Current employment status  
 Full time  Permanent part time  Casual  
 Self-Employed  Contractor contract length \_\_\_\_\_ yrs \_\_\_\_\_ mths  
 Full time education  Home duties  
 Unemployed  Other

Job title \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer's name or business name if self employed \_\_\_\_\_

Employer's Phone no. [ ] \_\_\_\_\_  
 Employer's Fax no. [ ] \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 Suburb \_\_\_\_\_  
 State \_\_\_\_\_ Post Code \_\_\_\_\_

If self employed/contractor, give details of your accountant/  
 financial adviser who can confirm you financial details.

Name of Accountant \_\_\_\_\_  
 Accountant phone no. [ ] \_\_\_\_\_



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### FINANCIAL DETAILS

Please note: Non disclosure may result in your application being delayed.

Applicant's monthly wage/salary (after tax)	\$ _____	Other monthly income (after tax)	\$ _____
Gross annual income	\$ _____	Gross annual income	\$ _____
Liabilities/commitments (excluding credit cards)	\$ _____	Partner's monthly income (after tax) If applicable	\$ _____
Mortgage(s) total balance owing	\$ _____	Mortgage(s) or rent - monthly repayment	\$ _____
Total loans monthly repayments	\$ _____	Other commitments - total monthly repayments	\$ _____
Credit and Store cards	\$ _____	Total number or cards held	\$ _____
Total balance owing on all cards	\$ _____	Total limits or all cards	\$ _____
Assets	\$ _____	Total real estate/property value(s)	\$ _____
Motor vehicles or boat value	\$ _____	Savings/shares	\$ _____

### APPLICANT SIGN HERE

By signing here I acknowledge that I have read and understood the Privacy Consent and Declaration overleaf and declare that the details in this application are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### DEALER VERIFICATION OF APPLICANT ID

#### Photo Identification

Document Type \_\_\_\_\_ Document No. \_\_\_\_\_

Place of Issue \_\_\_\_\_ Expiry Date \_\_\_\_\_

#### Other Identification

1 Document Type \_\_\_\_\_ 2 Document Type \_\_\_\_\_

Document No. \_\_\_\_\_ Document No. \_\_\_\_\_

Place of Issue \_\_\_\_\_ Place of Issue \_\_\_\_\_

Expiry Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Dealer Declaration: I certify that I have sighted original licences and/or identification documents of the applicant as detailed above and have witnessed the signature.

Name of Person Verifying Identity \_\_\_\_\_

Signature of Person Verifying Identity \_\_\_\_\_ Date \_\_\_\_\_