



FINANCIAL SERVICE PROVIDERS

Our aim, your gain

- **Mortgages**
- **Business Finance**
- **Franchise Advice**
- **Budgeting**
- **Business Mentoring**

4 Storry Place, Avonhead, PO Box 6006, Upper Riccarton Christchurch, New Zealand
 Phone (03) 342 3883 • Fax (03) 342 3885 • Mobile 0274 993 792
 Email dweusten@fspnz.com • www.fspnz.com

Application for Business Finance

To enable Financial Service Providers NZ Ltd to arrange offers of finance from the lenders approached, we require you to complete this application form (this one form will be used for all lenders approached, so you only have to fill it in once).

Borrowers Full Name Or Company Name

Ownership Type? *Please tick one*

<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership
<input type="checkbox"/> Company	<input type="checkbox"/> Trust

If company

Company Number: Date Incorporated:

Business Trading Address		Business Phone	
		Business Fax	
Postal Address (If different from above)		Mobile	
	Post Code <input style="width: 100px;" type="text"/>	Email <input style="width: 150px;" type="text"/>	

Year Commenced Trading Number of employees

Who are the owners/shareholders/partners/etc?

Name	Owned	Position	Years of industry experience
1.	%		
2.	%		
3.	%		
4.	%		

	Solicitor		Accountant
Name of Firm		Name of Firm	
Your Contact		Your Contact	
P O Box		P O Box	
Phone		Phone	
Fax		Fax	
Email		Email	

Business (and personal) Lending requested.

In name of	Current Debt or Limits	New Amount or Limits	Term Requested	Fixed or Floating
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Total	\$	\$		

Security being offered

Details of Security (e.g. Mortgage, GSA ...)	Owner of Security	Address of Property	Lender Holding Security	Estimated Market Value
				\$
				\$
				\$
				\$
				\$
				\$

Does any other Lender hold securities? Yes No
 Does any Applicant act as a guarantor for any other lending not listed above? Yes No

Additional Information

Does your Business do more than 25 % of its business with one customer/supplier Yes No
 If Yes, Give details:

Is the principal place of business subject to a lease agreement Yes No
 If Yes, Briefly summarise terms and expiry date:

Does the Business own property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the business ever diversified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	---	------------------------------------	---

Is the business a franchise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the business import/export?	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	---	----------------------------------	---

Briefly describe your business

Key Personnel (to this application)

Personal Details of Applicant/Guarantor/Director/Trustee

Surname			
Mr	Mrs	Ms	Miss
First Name (s)			
Date of Birth		Country of Birth	
NZ Residency Held?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marital Status Married <input type="checkbox"/> Defacto <input type="checkbox"/> Single <input type="checkbox"/>		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
IRD Number			
ID Type - Passport or Birth Certificate Firearms Licence		Number Issued Expiry	
ID Type - Drivers Licence		Number Issued Expiry	
Current Address			
Time there	Years	Months	
If less than 3 years, your previous address		Yrs	Mths
_____		___	___
_____		___	___
Home Phone Number	Work Phone Number		
Postal Address	Mobile Phone		
Email Address			
Age of Dependents			
Are you currently (tick one)			
Renting <input type="checkbox"/> Own your own home <input type="checkbox"/> Boarding <input type="checkbox"/>			
Other <input type="checkbox"/>			
Occupation			
Main Source of Income (tick one)			
Salary/Wages <input type="checkbox"/> Self Employed <input type="checkbox"/> Other <input type="checkbox"/>			
Employer/Business Name			
How Long	Years	Months	
If less than 3 years, your previous employment		Yrs	Mths
_____		___	___
_____		___	___

Personal Details of Applicant/Guarantor/Director/Trustee

Surname			
Mr	Mrs	Ms	Miss
First Name (s)			
Date of Birth		Country of Birth	
NZ Residency Held?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marital Status Married <input type="checkbox"/> Defacto <input type="checkbox"/> Single <input type="checkbox"/>		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
IRD Number			
ID Type - Passport or Birth Certificate Firearms Licence		Number Issued Expiry	
ID Type - Drivers Licence		Number Issued Expiry	
Current Address			
Time there	Years	Months	
If less than 3 years, your previous address		Yrs	Mths
_____		___	___
_____		___	___
Home Phone Number	Work Phone Number		
Postal Address	Mobile Phone		
Email Address			
Age of Dependents			
Are you currently (tick one)			
Renting <input type="checkbox"/> Own your own home <input type="checkbox"/> Boarding <input type="checkbox"/>			
Other <input type="checkbox"/>			
Occupation			
Main Source of Income (tick one)			
Salary/Wages <input type="checkbox"/> Self Employed <input type="checkbox"/> Other <input type="checkbox"/>			
Employer/Business Name			
How Long	Years	Months	
If less than 3 years, your previous employment		Yrs	Mths
_____		___	___
_____		___	___

Personal
Statement of Financial Position as at:

Bank **Branch:**

Name:

Liabilities	Value
Overdraft –	
Loans –	
Credit Cards Limits \$.....	
Borrowings – Other Banks	
Outstanding Accounts	
Loans on Life Policies	
<i>Mortgages/Loans</i>	
<i>Owing to: Assets Charged:</i>	
<i>Hire Purchase</i>	
<i>Company: Asset Concerned:</i>	
Taxation Due	
(State type)	
Other Liabilities (detail):	
Other Credit Cards	
Other Bank Loans	
<u>Total Liabilities \$</u>	
SURPLUS \$	
Total – To agree with Total Assets \$	

Assets	Value
Banks – Cheque Account	
- Savings Account	
- Call Account	
- Term Deposit	
Other Bank Accounts	
Money Clubs/Finance Co. Deposits	
Building Societies/Credit Unions	
House Property Purchased	
For \$ Insured \$	
GV \$ Dated	
In Name of	
Other Properties (detail):	
<i>Motor Vehicle(s):</i>	
Make Model	
Make Model	
Caravan	
Boat	
Superannuation.	
Shares, etc. market value	
Contents \$	Do not extend
Antiques/Art \$	
Coins/Stamps \$	
Life Policies:	
Date taken out Sum Assured Ann	
Premium Due	
\$ \$ SV	
\$ \$ SV	
Other Assets (detail):	
<u>Total Assets \$</u>	

Contingent Liabilities (Guarantees to Banks & Others)

I/We declare that the information given above is true and correct.

Signature

Signature

Financial Service Providers NZ Limited will securely hold the information received from you. You may request access to the information by contacting FSP, and you may also request that it be corrected. The information will be used to support your (or a loan you are supporting) loan application FSP may disclose information about you to credit reference agencies for the above purposes. FSP may obtain information and make such enquiries about you as FSP may consider warranted from any source, including credit reference agencies for the above purposes.

Information Privacy

Please note that any personal information received by Financial Service Providers NZ Ltd (“FSP”) will be securely held by FSP. The people concerned may request access to the information by contacting FSP. The people concerned may request that the personal information be corrected.

Information in this Application, including any personal information, will be used by FSP to prepare the Application for finance and any other banking facilities that may be requested from time to time. The applicants also authorise any lender approached by FSP to carryout any enquiry they deem appropriate to enable full consideration of the application to be completed.

Without prejudice to any other rights at law, which FSP may have, FSP may disclose information about the persons and/or organisations named in this Application to credit reference agencies and any other FSP Group companies for the above purposes.

FSP may seek and obtain information or make further enquires as it considers is necessary from any person, including credit reference agencies and other business, for the above purposes.

Authority & Declaration

I/we certify that the information in this Application is true and correct and discloses all material matters that I/we know of which affect my/our business, assets or financial condition.

I/we authorise FSP to make such enquires as consideration of this Application may require and also Authorise the lender to disclose my personal information to FSP during the term of the loan in order to answer my queries or to assist me with my financial arrangements as my circumstances change.

I/we understand that FSP provides a Professional Finance Consulting Service for its clients and charges for its time, we have authorised FSP to seek the finance outlined in this application.

*We further understand and agree to pay FSPNZ a preparation fee of \$500 which will be invoiced on our instruction to proceed. A further fee of up to 1.5% will be based on total lending drawn down. FSP will credit the upfront \$500 and any funds received by the lender from the fee payable should the finance be drawn down. **NOTE: should your actions result in the lender’s commission to FSP being clawed back, FSP reserves the right to charge for its time @\$200 per hour.***

Applicant (Each Applicant to sign below and tick in what capacity you have signed)

Full Name	Signature	Date
	x	
Capacity signed		
<input type="checkbox"/> Individual <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Guarantor		

Full Name	Signature	Date
	x	
Capacity signed		
<input type="checkbox"/> Individual <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Guarantor		

Full Name	Signature	Date
	x	
Capacity signed		
<input type="checkbox"/> Individual <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Guarantor		

Checklist

Document	Enclosed Yes/No	Comment
Application form completed & signed		
Copies of ID (Passport or DL)		
Last 3 years Balance Sheets & Profit & Loss reports		
Evidence of personal income (If applicable)		
Monthly cashflow forecasts for the next 12 months.		
Year to date Profit & Loss trading figures		
Details of Aged debtors & Creditors. With Commentary.		
Details of industry experience of Directors Brief CV		
Copy of your Business Plan		
Copies of last 3 months Cheque accounts statements and 6 months of loan statements		
Copies of property valuations (If held and applicable)		
Copy of sale and purchase agreement (if purchasing)		
Copy of Certificate of Incorporation and Constitution (if a company)		
Copy of Trust Deed (if a Trust)		
Copy of your partnership agreement (if a partnership)		