

| APPLICANT                | 1                  |                       |              | APPLICANT 2   |                        |                 |       |  |  |  |
|--------------------------|--------------------|-----------------------|--------------|---|------------------------|-----------------|-------|--|--|--|
| Surname                  |                    |                       |              | Surname   |                        |                 |       |  |  |  |
| Given Names              |                    |                       |              | Given names   |                        |                 |       |  |  |  |
| Date of Birth            |                    |                       |              | Date of Birth   |                        |                 |       |  |  |  |
| Date of Birtin           |                    |                       |              | Date of Birth   |                        |                 |       |  |  |  |
| Marital Status           | 5                  |                       |              | Marital Status  |                        |                 |       |  |  |  |
| Driver's Licer           | se No              |                       |              | Driver's License No                                       |                        |                 |       |  |  |  |
| No of Depend             | lents              |                       |              | No of Dependents  |                        |                 |       |  |  |  |
|                          |                    |                       | RESIDEN      | TIAL DETAILS  |                        |                 |       |  |  |  |
| Mobile Numb              | er                 |                       |              | Mobile Numbe  | r                      |                 |       |  |  |  |
| Home Teleph              | one No.            |                       |              | Home Telepho  | ne No.                 |                 |       |  |  |  |
| Work Telepho             | one No.            |                       |              | Work Telephon   | ne No.                 |                 |       |  |  |  |
| Email Addres             | 5                  |                       |              | Email Address   |                        |                 |       |  |  |  |
| Address                  |                    |                       |              | Address   |                        |                 |       |  |  |  |
| No of Years a            | t Address          |                       |              | No of Years at  | No of Years at Address |                 |       |  |  |  |
| Previous add             | ress(if at current | t address less than 3 | years)       | Previous address(if at current address less than 3 Years) |                        |                 |       |  |  |  |
| No of Years a            | t Address          |                       |              | No of Years at Address                                    |                        |                 |       |  |  |  |
|                          |                    |                       |              |   |                        |                 |       |  |  |  |
| Full Time                | Doub Time          | Calé Emplayed         |              | MENT DETAILS  | Don't Time             | Calé Faralana d | Other |  |  |  |
| Full Time                | Part Time          | Self-Employed         | Other        | Full Time   | Part Time              | Self-Employed   | Other |  |  |  |
| Employer's N             | ame                |                       |              | Employer's Na   | me                     |                 |       |  |  |  |
| Employer's A             | ddress             |                       |              | Employer's Ad   | dress                  |                 |       |  |  |  |
| 0                        | - b T:tl-          |                       |              | Occupation/Job Title                                      |                        |                 |       |  |  |  |
| Occupation/J             | ob Title           |                       |              | Occupation/Job Title                                      |                        |                 |       |  |  |  |
| Date Comme               | nced               |                       |              | Date Commenced  |                        |                 |       |  |  |  |
| Type of Indu             | stry               |                       |              | Type of Industry  |                        |                 |       |  |  |  |
|                          |                    |                       | IF SELF      | F-EMPLOYED  |                        |                 |       |  |  |  |
| Accounting F             | rm                 |                       |              | Accounting Firm   |                        |                 |       |  |  |  |
| Contact Name             | 2                  |                       |              | Contact Name  |                        |                 |       |  |  |  |
| Telephone Nu             | ımber              |                       |              | Telephone Number  |                        |                 |       |  |  |  |
|                          |                    | Previous Employ       | ment if less | than 3 years w  | ith above Employ       | ver             |       |  |  |  |
| Full Time                | Part Time          | Self-Employed         | Other        | Full Time   | Part Time              | Self-Employed   | Other |  |  |  |
| Employer's N             | ame                | U                     | <u> </u>     | Employer's Name   |                        |                 |       |  |  |  |
| Occupation/J             | nh Title           |                       |              | Occupation/Job Title                                      |                        |                 |       |  |  |  |
| Cccupation/J             | טט וונוכ           |                       |              | Occupation/300 True                                       |                        |                 |       |  |  |  |
| Telephone Nu             | ımber              |                       |              | Telephone Number  |                        |                 |       |  |  |  |
| No Of Years Worked There |                    |                       |              | No Of Years Worked There                                  |                        |                 |       |  |  |  |

**Magniva Finance Pty Ltd** 

Suite 202 – 689 Burke Road, Camberwell, VIC, 3124

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| RESIDENTIAL PROPERTY LOAN APPLICATION   |              |                     |                    |   |    |  |   |  |  |  |
|---|--------------|---------------------|--------------------|---|----|--|---|--|--|--|
| Financial Judgments/Attachments Has there ever been or are there now any financial judgments, attachments or legal proceedings against applicant? |              |                     |                    |   |    |  |   |  |  |  |
| Applicant 1   |              | Applicant 2         |                    |   |    |  |   |  |  |  |
| Yes-give details  |              |                     |                    | Yes-give details                            |    |  |   |  |  |  |
| No  |              |                     |                    | No  |    |  |   |  |  |  |
| Peference-Details of  | f nearest r  | olativo n           | at living with you |   |    |  |   |  |  |  |
| Reference-Details of nearest relative not living with you  Name   |              |                     |                    |   |    |  |   |  |  |  |
| Tune  |              |                     |                    |   |    |  |   |  |  |  |
| Relationship  |              |                     |                    |   |    |  |   |  |  |  |
| Telephone Number  |              |                     |                    |   |    |  |   |  |  |  |
|   |              |                     |                    |   |    |  |   |  |  |  |
| Details of Loan Requ  | ıest         |                     |                    |   |    |  |   |  |  |  |
| New Loan  |              | Amount              |                    | Eligible for First Home Owners<br>Grant-Yes |    | Eligible for First Home<br>Owners Grant-No |   |  |  |  |
| Loan Consolidation  |              | Amount              |                    |   |    |  |   |  |  |  |
|   |              |                     |                    |   |    |  |   |  |  |  |
| Limit Increase for Exis   | ting Loan    | Amount              |                    | Financial Institution Name                  |    | Account Name                               |   |  |  |  |
| Refinance   |              | Amount              |                    | Financial Institution Name                  |    | Account Name                               |   |  |  |  |
|   |              |                     |                    |   |    |  |   |  |  |  |
| Description of Prope  | erty(If Offe | ered as S           | ecurity)           |   |    |  |   |  |  |  |
| Property 1  |              |                     |                    | Property2                                   |    |  |   |  |  |  |
| Name of Owner   |              |                     | Name of Owner      |   |    |  |   |  |  |  |
| Address of Property/Home  |              |                     |                    | Address of Property/Home                    |    |  |   |  |  |  |
|   | I            | I                   |                    |   |    |  |   |  |  |  |
| Owners Estimated Market Value  \$   Purchase F  |              | Price Purchase Date |                    | Owners Estimated Market Value  \$ Purchase  |    | e Price Purchase Date                      |   |  |  |  |
| Proposed Occupants  |              |                     | T                  | T   | *L |  | T |  |  |  |
| Self Tenants  |              |                     | Self Tenants       |   |    |  |   |  |  |  |



| General Description of Building    |  |               |             |                           | General Description of Building |                      |            |                 |          |       |          |
|------------------------------------|--|---------------|-------------|---------------------------|---------------------------------|----------------------|------------|-----------------|----------|-------|----------|
| Year Built                         |  |               |             | Year Built                |                                 |                      |            |                 |          |       |          |
|                                    |  |               |             |                           |                                 |                      |            |                 | 1        |       |          |
| House                              | Townhouse  | Unit          | Serv.Apt    | pt House Townhouse        |                                 |                      | use        |                 | Unit     |       | Serv.Apt |
| Student A                          | ccommodation   | Other         |             | Student Accommodation     |                                 | n Oth                |            | Other           | Other    |       |          |
| Apartment-is it one of less than 6 |  | Yes/No        |             | Apartment-is it one of le |                                 |                      | ess Yes/No |                 |          |       |          |
| Walls                              |  |               |             | Walls                     |                                 |                      |            |                 |          |       |          |
| Brick                              | Timber   | Fibro         | Fibro Other |                           | Brick Timbe                     |                      | er Fibro   |                 | )        | Other |          |
| Roof                               |  |               |             | Roof                      |                                 |                      |            |                 |          |       |          |
| Tile                               | Aluminum   | Steel         | Other       | 1                         | Tile                            | Alumii               | num        | Stee            | I        | Oth   | er       |
| No of Ro                           | oms  |               |             | No of Rooms               |                                 | oms                  |            |                 |          |       |          |
|                                    | Bedrooms   | Size of:      |             |                           |                                 | Bedroon              | ooms Siz   |                 | ze of:   |       |          |
|                                    | Bathrooms  | Land Are      | and Area-   |                           |                                 | Bathroo              | -          |                 | nd Area- |       |          |
|                                    | Family/living<br>room  | Dwelling-     | g- sq       |                           | Family/l<br>room                | mily/living<br>om Dv |            | Owelling- sq sq |          |       |          |
|                                    | Other Rooms  |               |             | Other !                   |                                 | Other R              | ooms       |                 |          |       |          |
|                                    | Total Rooms  |               |             | Total R                   |                                 | Total Ro             | oms        |                 |          |       |          |
| etc.)                              | (e.g. Renovations, air-conditioning, pool, decking, etc.)  (e.g. Renovations, air-conditioning, pool, decking, etc.) |               |             |                           |                                 |                      |            |                 |          |       | Jecking, |
| BANK AC                            | COUNT DETAILS  |               |             |                           |                                 |                      |            |                 |          |       |          |
| Bank                               |  |               |             | Branch                    |                                 |                      |            |                 |          |       |          |
| ACCOUN.                            | ACCOUNTANT DETAILS   |               |             |                           |                                 |                      |            |                 |          |       |          |
| Firm                               |  |               |             |                           |                                 |                      |            |                 |          |       |          |
| Address                            |  |               |             |                           |                                 |                      |            |                 |          |       |          |
| Contact                            |  |               |             |                           | Fax N                           | umber                |            |                 |          |       |          |
|                                    |  |               |             |                           |                                 |                      |            |                 |          |       |          |
| Email                              |  | Mobile Number |             |                           |                                 |                      |            |                 |          |       |          |
| SOLICITOR/CONVEYANCING DETAILS     |  |               |             |                           |                                 |                      |            |                 |          |       |          |
| Firm                               |  |               |             |                           |                                 |                      |            |                 |          |       |          |
| Address                            |  |               |             |                           |                                 |                      |            |                 |          |       |          |
| Contact Telephone No               |  |               |             | Fax                       |                                 |                      | Fax N      | ax Number       |          |       |          |
| Email                              |  |               |             | Mobile Number             |                                 |                      |            |                 |          |       |          |

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| STATEMENT OF ASSETS & LIABILITIES |                 |          |  |         |  |  |  |
|-----------------------------------|-----------------|----------|--|---------|--|--|--|
| LIABILI                           | TIES            |          | ASSETS                                 |         |  |  |  |
| Details                           | Monthly payment | Owings\$ | Details                                | Value\$ |  |  |  |
| Bank Overdraft                    |                 |          | Cash at Bank(List Accounts separately) |         |  |  |  |
| Limit \$                          |                 |          |  |         |  |  |  |
|                                   |                 |          |  |         |  |  |  |
|                                   |                 |          | Shares(Market Value)                   |         |  |  |  |
| Credit Cards                      |                 |          | Other Investments                      |         |  |  |  |
| Limit \$                          |                 |          |  |         |  |  |  |
| Accounts Payable                  |                 |          | Accounts Receivable                    |         |  |  |  |
| Mortgages/Loans                   |                 |          | Private Residence                      |         |  |  |  |
|                                   |                 |          |  |         |  |  |  |
|                                   |                 |          |  |         |  |  |  |
| Rent                              |                 |          | Other Properties                       |         |  |  |  |
| Motor Vehicles                    |                 |          | Motor Vehicles                         |         |  |  |  |
| (Make, model, year)               |                 |          | (Make, model, year)                    |         |  |  |  |
| Plant & Equipment                 |                 |          | Plant & Equipment                      |         |  |  |  |
| Taxation Due                      |                 |          | Furniture & Fittings                   |         |  |  |  |
|                                   |                 |          |  |         |  |  |  |
|                                   |                 |          | Superannuation                         |         |  |  |  |
|                                   |                 |          | Goodwill in Business                   |         |  |  |  |
| Other Liabilities                 |                 |          | Other Assets                           |         |  |  |  |
| TOTAL LIABILITIES                 |                 |          | TOTAL ASSETS                           |         |  |  |  |
|                                   |                 |          | LESS LIABILITIES                       |         |  |  |  |
|                                   |                 |          | NETWORTH                               |         |  |  |  |

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