

Section 1 – Applicant Details

Applicant type: Proprietary Company Public Company Sole Trader Trust
 Incorporated Association Union Partnership Individual(s)

Full legal name of applicant: *If you are a company acting as a trustee, provide your name in this format, (e.g. ABC Pty Ltd as trustee for the XYZ Trust)*

ABN
(including ABN of any Trust)

ACN
(company applicants only)

Registration number
(incorporated association applicants only)

Registered business name of applicant - if any *(including the trustee in respect of the trust)*

Registered office address or address of the trust *(PO Box is not acceptable)*

State Postcode

Address of principal place of business/administration if different to the above *(PO Box is not acceptable)*

State Postcode

Postal address *(if different to the address of principal place of business)*

State Postcode

Country of incorporation/establishment

Specify type of trust *(e.g. discretionary, family or unit trust)*

Business super fund *(if applicable)*

Business phone number:

Section 2 – Applicant Identification Information and Individual Details

Identification information

To comply with our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act (2006), we must collect certain information in relation to you.

The information to be collected depends upon on which type of applicant you are as follows:

- if you are an **individual(s)**, details of **each** individual;
- if you are a **company**, details of **each** director;
- if you are a **partnership**, details of **each** partner;
- if you are a **trust**, details of **each** trustee. Note: if the trustees are:
 - individual(s) – please complete the relevant details of each individual trustee within section 2
 - company(ies) – please complete the relevant details as directed within Section 5 in relation to one company trustee only. If there is more than one company trustee of the trust, detail the full name and registered office address of the other company trustees on a separate sheet.
- if you are a **sole trader**, details of the proprietor;
- if you are an **incorporated association**, details of the association's Chairman, Secretary and Treasurer (or equivalent officer in each case);
- if you are a **union**, details of the union's Chairman, Secretary and Treasurer (or equivalent officer in each case).

Please arrange for each person described as applicable to your entity type to complete their details within Section 2 and sign Section 11 of this application form.

Person No. 1 Details

Relationship to Applicant: Individual(s) Director Proprietor Partner
 Sole Trustee Joint Trustee Other - please specify: _____

Title (Mr/Mrs/Miss/Ms/other - please specify)

Surname _____ Given name(s) _____

Residential address (PO Box is not acceptable) _____

State Postcode _____

Mailing address (if different to residential address) _____

State Postcode _____

Home phone () _____ Work phone () _____ Mobile phone _____

Email address _____ Date of birth D D M M Y Y Y Y _____ Driver's licence number _____

Mother's maiden name _____ Password (5 - 9 characters) _____ Gender (M or F) _____

Marital status Single Defacto Married No. of dependants _____ Are you a permanent resident of Australia? Y/N

Occupation _____ Employer _____ Duration of employment _____
 Full time Other

Person No. 2 Details

Relationship to Applicant: Individual(s) Director Proprietor Partner
 Sole Trustee Joint Trustee Other - please specify: _____

Title (Mr/Mrs/Miss/Ms/other - please specify)

Surname _____ Given name(s) _____

Residential address (PO Box is not acceptable) _____

State Postcode _____

Mailing address (if different to residential address) _____

State Postcode _____

Home phone () _____ Work phone () _____ Mobile phone _____

Email address _____ Date of birth D D M M Y Y Y Y _____ Driver's licence number _____

Mother's maiden name _____ Password (5 - 9 characters) _____ Gender (M or F) _____

Marital status Single Defacto Married No. of dependants _____ Are you a permanent resident of Australia? Y/N

Occupation _____ Employer _____ Duration of employment _____
 Full time Other

Person No. 3 Details

Relationship to Applicant: Individual(s) Director Proprietor Partner
 Sole Trustee Joint Trustee Other - please specify: _____

Title (Mr/Mrs/Miss/Ms/other - please specify)

Surname _____ Given name(s) _____

Residential address (PO Box is not acceptable) _____

State Postcode _____

Mailing address (if different to residential address) _____

State Postcode _____

Home phone () _____ Work phone () _____ Mobile phone _____

Email address _____ Date of birth D D M M Y Y Y Y _____ Driver's licence number _____

Mother's maiden name _____ Password (5 - 9 characters) _____ Gender (M or F) _____

Marital status Single Defacto Married No. of dependants _____ Are you a permanent resident of Australia? Y/N

Occupation _____ Employer _____ Duration of employment _____
 Full time Other

Section 3 - Shareholder Details – (Company Applicants and Company Trustees only)

Please provide the details of each individual who owns more than 25% of the issued capital of the company:

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address (PO Box is not acceptable):		
<input type="text"/>		
<input type="text"/>		
State Postcode		

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address (PO Box is not acceptable):		
<input type="text"/>		
<input type="text"/>		
State Postcode		

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address (PO Box is not acceptable):		
<input type="text"/>		
<input type="text"/>		
State Postcode		

Section 4 - Trust Beneficiary Details (Trust Applicants only)

Please provide the details of the beneficiaries of the trust.

If the terms of the trust identifies the beneficiaries by reference to membership of a class (e.g. family members of a named person), please provide details of the class(es):

<input type="text"/>		
<input type="text"/>		
Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5 - Company Trustee Identification Information – (Trust Applicants only)

Please complete in relation to one company trustee of the trust only.

Full company name

Company Type: Proprietary Public ACN:

Registered office address (PO Box is not acceptable):

<input type="text"/>	
<input type="text"/>	
State	Postcode

Principal place of business address if different to the registered office address specified above (PO Box is not acceptable):

<input type="text"/>	
<input type="text"/>	
State	Postcode

If there is more than one company trustee of the trust, please detail the full name and registered office address of the other company trustees on a separate sheet and return with this application form.

Details of Director(s)

Please complete **Section 2** to provide details of the directors of the trustee company.

Details of Major Shareholder(s)

Please complete **Section 3** to provide details of major shareholders of the trustee company.

Section 6 – Statement of Financial Position - Individuals and Guarantors only

Both applicants complete this page if jointly sharing all assets and all liabilities. If not, applicants please complete a separate page each.

Both Applicants or Applicant name

The back of this form has a duplicate page for your convenience

Assets (what you own)

Real Estate

Address

Value \$

Value \$

Value \$

Bank Accounts (e.g. Term Deposit, Savings, Cheque)

Name of Institution

Balance \$

Balance \$

Balance \$

Investment Accounts (e.g. Managed Funds)

Name of Institution

Balance \$

Balance \$

Superannuation

Name of fund

Balance \$

Balance \$

Balance \$

Other Assets (e.g. Household contents, Shares, Motor Vehicles)

Description	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

TOTAL ASSETS \$

Liabilities (what you own)

If this loan application is approved please indicate which liability(ies) will cease (be paid out).

Existing Mortgages

Lender's name	Monthly payments	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Personal Loans

Name of Institution	Monthly payments	Amount Owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Credit Cards

Name of Institution	Limit	Amount Owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Other Liabilities (e.g. HECS)

Description	Monthly payments	Amount Owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Contingent Liabilities under Guarantees for other persons \$

TOTAL LIABILITIES \$

Section 7 – Finance Required

Each Business Loan can be split into a maximum of 4 facilities. Please indicate how you would like any split facilities set up.

	Loan Type	Purpose
Facility 1	<input type="text"/>	<input type="text"/>
Facility 2	<input type="text"/>	<input type="text"/>
Facility 3	<input type="text"/>	<input type="text"/>
Facility 4	<input type="text"/>	<input type="text"/>

	Facility 1	Facility 2	Facility 3	Facility 4
Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interest only, Principal & Interest or Interest only reverting to P&I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interest only period (5 years max)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P&I period (years)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total loan term	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Variable or fixed rate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fixed rate period (years)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total loan amount	\$ <input type="text"/>			

Address of Security Property 1

State Postcode

Legal owners of the property

Estimated value

Type of property (Residential, Commercial)

Address of Security Property 2

State Postcode

Legal owners of the property

Estimated value

Type of property (Residential, Commercial)

Address of Security Property 3

State Postcode

Legal owners of the property

Estimated value

Type of property (Residential, Commercial)

Section 8 – Other Details

Details of your Accountant

Contact person

Business phone

Firm's name

Email

Address

State

Postcode

Details of your solicitor or conveyancer if you are using one

Contact person

Business phone

Firm's name

Email

Address

State

Postcode

Application checklist and Supporting Documentation to be supplied

Information to be provided with this application:

- Completed statement of personal financial position for all individual applicants and guarantors - see section 6
- Personal taxation returns for the past 2 years for all individual applicants.
- Financial statements (Balance Sheet and Income statement) for the applicant and any supporting entities for the past 2 years.
- If total borrowings exceed \$1million, 3 years financial statements or tax returns are required.
- If refinancing, please provide bank statements for the past 6 months for the loan accounts being refinanced.
- Other relevant information (e.g. Stock and aged debtors listing, creditors listing, details copy of invoice for asset being financed held, copy of trust deed if any).

Note: Please delete your tax file number from any documents you send to us.

Section 9 – Privacy Notice

In this form:

“**Credit Provider**” means either ME Bank or IFM. If your loan application is accepted by us, your loan terms and conditions will specify the name of the credit provider.

“**IFM**” means Industry Funds Management (Nominees 2) Pty Ltd or any successor or assignee.

“**Us**”, “**Our**”, “**We**”, or “**ME Bank**” means Members Equity Bank Pty Ltd or any successor or assignee.

You understand and agree that:

- The Credit Provider is collecting your personal information to assess your application, verify your identity in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act (2006) and, if your application is approved, to establish and administer your account (if IFM is the Credit Provider, ME Bank does this on behalf of IFM). You acknowledge that your personal information may be used and disclosed to third party service providers for these purposes and that without this information, we may not be able to process or accept this application.
- If your application is approved, you will receive Terms and Conditions applicable to the product you have applied for which contain more detail on how your personal information will be handled.
- Where permitted by the Privacy Act, you agree that the Credit Provider may:
 - obtain and use consumer and commercial credit information about you (including a consumer and/or commercial credit report from a credit reporting agency) to assess this application (including, if applicable, for the provision of credit to you or to accept you as a guarantor);
 - exchange and use information about you with any credit provider named in this application or named in a credit report provided by a credit reporting agency to assess this application. This may include any information about your credit worthiness, credit standing, credit history or credit capacity;
 - give personal and credit information about you to a credit reporting agency (including identity, particulars, the fact that you have applied for credit and the amount, and the fact that the Credit Provider is a current credit provider to you; the fact that any repayment is overdue by 60 days or more where debt collection action has started, advice that repayments are no longer overdue, information that in our opinion you have committed a serious credit infringement; or the fact that any cheque you have drawn has been dishonoured more than once);
 - obtain and use a credit report about you provided by a credit reporting agency to collect overdue payments from you;
 - give, request and receive information about your consumer and personal information to any accountant, lawyer, broker, other adviser or financial institution acting on your behalf.

If IFM is the Credit Provider, ME Bank may do these things on IFM's behalf.

You may request access to your personal information held by ME Bank and ask for it to be corrected if it is inaccurate. To do this, you should phone **1300 658 108** during normal business hours or write to the Privacy Officer, ME Bank, GPO 1345, Melbourne, Victoria, 3001.

Section 10 – Declaration and Consent by Applicant

1. You acknowledge that if your application is approved it will be subject to the Credit Provider's loan terms and conditions.
2. You acknowledge and agree that regardless of whether this application is approved or your loan proceeds to settlement, you agree to pay us any costs that we advise you will be incurred when you authorise us to instruct solicitors, valuers or other experts relevant to your loan application.
3. You declare that any information contained in your application including all financial information is true and correct.
4. You acknowledge that we will not accept updates to the information provided in your application for a period of 14 days from the date of the application.
5. You authorise your solicitor or conveyancer to accept any notification on your behalf in relation to your application.
6. You declare that you are over the age of 18 and have never been bankrupt or made arrangements with creditors under bankruptcy legislation.
7. You agree and consent to your credit information and personal information being collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.
8. You authorise us to give any of your personal information, including information contained in your application, to any subsidiary or associated company of ME Bank and for us and our subsidiaries or associated companies to use such information, for the purposes of enabling you to keep up to date with other products and services.

If you do not want us or our subsidiaries or associated companies to use the personal information contained in your application form to provide such information to you, simply contact ME Bank during normal business hours on 1300 658 108 - or insert a cross in this box .

9. You declare that the credit to be provided to you by the credit provider is to be applied wholly or predominantly for business or investment purposes (or for both purposes).

If you are an individual or a strata corporation, you must sign this declaration to confirm that the facility is wholly or predominantly for business purposes or investment purposes other than investment in residential property.

Declaration of the purpose for which credit is provided

I/We declare that the credit to be provided to me/us by the credit provider is to be applied wholly or predominantly for:

- business purposes; or
- investment purposes other than investment in residential property.

IMPORTANT

You should **only** sign this declaration if this loan is wholly or predominantly for

- business purposes; or
- investment purposes other than investment in residential property.

By signing this declaration you may **lose** your protection under the National Credit Code.

Signed by the Applicant (Please follow the instructions below to sign this form)

Signature

Print name

Date

Signature

Print name

Date

Where the applicant is a:

- Individual(s): each individual
- Sole Trader: Proprietor of business to sign.
- Company: A Director and the Secretary or two Directors to sign.
- Sole Director Company: Sole Director/Secretary to sign, stating that he or she is the Sole Director and Sole Secretary of the company.
- Trust: All trustees to sign.
- Partnership: All partners to sign (unless ME Bank agrees otherwise in the case of a large partnership).
- Incorporated Association: Minimum of two office bearers (e.g. the Chairman, Secretary, Treasurer or equivalent officer in each case) to sign in accordance with the rules governing the association.
- Union: Authorised Representative(s) to sign in accordance with the registered rules of the Union.

If more space is required please include signatures on a separate sheet and attach it to this form.

Section 11 – Declaration and Signature by each Individual named in Section 2

Each person named in Section 2 is to read and provide the following consent by signing below,.

I declare that:

- All information about me provided in this application together with information included in any accompanying supporting documents is true, correct and complete.
- I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.

Signature

Print name

Date

Signature

Print name

Date

Signature

Print name

Date

If more space is required please include signatures on a separate sheet and attach to this form.

Statement of Financial Position - Individuals and Guarantors only

Applicant name

Assets (what you own)

Real Estate

Address

Value \$

Value \$

Value \$

Bank Accounts (e.g. Term Deposit, Savings, Cheque)

Name of Institution

Balance \$

Balance \$

Balance \$

Investment Accounts (e.g. Managed Funds)

Name of Institution

Balance \$

Balance \$

Superannuation

Name of fund

Balance \$

Balance \$

Balance \$

Other Assets (e.g. Household contents, Shares, Motor Vehicles)

Description	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

TOTAL ASSETS \$

Liabilities (what you own)

If this loan application is approved please indicate which liability(ies) will cease (be paid out).

Existing Mortgages

Lender's name	Monthly payments	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Personal Loans

Name of Institution	Monthly payments	Amount Owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Credit Cards

Name of Institution	Limit	Amount Owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Other Liabilities (e.g. HECS)

Description	Monthly payments	Amount Owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Contingent Liabilities under Guarantees for other persons \$

TOTAL LIABILITIES \$