

Store Name: _____

Goods Value: \$ _____	Deposit: \$ _____	Term: 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/>
Repayments: Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>		Interest Free Term: 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/>

PERSONAL, CONTACT and REFERENCE INFORMATION

Given Names: _____	Applicant Annual Income: \$ _____
Surname: _____	Occupation: _____
Date of Birth: _____ / _____ / _____	Employer: _____
Dependants: _____ (Number of children you have)	Time at Job: _____ Years _____ Months
Residency: NZ Citizen <input type="checkbox"/> NZ PR <input type="checkbox"/> Other <input type="checkbox"/>	Partners Annual Income: \$ _____
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Defacto <input type="checkbox"/>	Residential Status: Home Owner <input type="checkbox"/> Renting <input type="checkbox"/>
Time at Address: _____ Years _____ Months	Living with Family <input type="checkbox"/> Boarding <input type="checkbox"/>
Address: _____ _____	Property Value: \$ _____
Postal Address: _____ _____	Home Loan Balance: \$ _____
Home Phone: (_____) _____ (LAND LINE)	Personal Contact and Reference: <small>FAMILY MEMBER, FRIEND OR WORK COLLEAGUE NOT LIVING AT YOUR ADDRESS, WHO WILL HAVE YOUR CONTACT INFORMATION AT ALL TIMES.</small>
Work Phone: (_____) _____ (LAND LINE)	Full Name: _____
Mobile Phone: (_____) _____	Address: _____ _____
Email Address: _____	Contact Phone: (_____) _____

FINANCIAL INFORMATION | GILROSE FINANCE COMPANY MAY REQUEST ADDITION INFORMATION TO VERIFY DETAILS BELOW SUCH AS BANK STATEMENTS

Monthly Home Loan, Rent or Board Payments:	\$ _____
Total Monthly Repayments on all Bank Loans:	\$ _____ (Excluding Home Loans)
Total Monthly Repayments on all Non-Bank and Finance Company Debit:	\$ _____
Total Monthly Repayments on all Credit Cards:	\$ _____
Total Sum of all Credit Card Limits	\$ _____
Total Monthly Living Expenses (Actual)	\$ _____

YOU CONSENT TO OUR COLLECTING, HOLDING, USING AND DISCLOSING

(A) INFORMATION ABOUT YOU THAT YOU GIVE US AND | (B) OTHER INFORMATION WE GATHER ABOUT YOU ("PERSONAL INFORMATION") AS FOLLOWS:
 So we may: 1a) Verify what you tell us about yourself with third parties such as Government Agencies (including The NZ Transport Agency and the Insolvency Service). b) Carry out credit checks on you and fines check with The Ministry of Justice. c) Decide whether to lend you money, administer any loan and enforce payment (including referring a debt to Debt Collection agencies and Credit Reporters). Comply with our obligations under the Anti-Money Laundering and countering the Financing of Terrorism Act 2009 and any other legislation. 2) In these processes we may provide your personal information to third parties and credit reporting agencies and debt collectors. Credit Reporters may hold that information and may disclose it to other parties who wish to carry out credit checks on you or for other lawful purposes. Please contact us for details of the credit reporting agencies we use. If we are unable to collect this information we may not be able to provide finance to you. You have rights to access the personal information we hold on you and request correction of your personal information in accordance with the Privacy Act 1993. Please contact us to make these requests.

Please sign and date to complete your application: APPLICANT'S SIGNATURE: _____ DATE: / /

Identification Details - Store Use Only (Please attach a copy of ID)

Primary ID Type: <input type="radio"/> Passport <input type="radio"/> Firearms Licence <input type="radio"/> Driver Licence <input type="radio"/> NZ Police Photo ID			Salesperson Declaration I confirm that the photo on the ID matches the customer & that the signature and name matches on the application above. I have processed this application in accordance with Gilrose Finance procedures.
Primary ID Number: _____	Version: _____ <small>5b on Driver Licence</small>	Expiry / /	
Secondary ID Type: <input type="radio"/> Bank Card <input type="radio"/> Super Gold Card <input type="radio"/> Community Services Card <input type="radio"/> 18+			Salesperson's Signature: _____
Secondary ID Number: _____ <small>If Bank Card please include bank name</small>		Expiry / /	Salesperson's Name: _____