



STATEMENT OF FINANCIAL POSITION

OFFICE USE ONLY	
OPERATOR CODE	
ACCOUNT REFERENCE	
DATE RECEIVED	
AMOUNT DUE	

Personal Details

PERSON 1			
Mr / Mrs / Ms	Surname		
First and Middle Names			
Home Phone		Work Phone	
()		()	
Fax Number		Mobile Phone	
()			
Email Address			
Date of Birth	Age	Marital Status	
/ /			
Ages of any Dependent Children		Driver Licence Number	

PERSON 2			
Mr / Mrs / Ms	Surname		
First and Middle Names			
Home Phone		Work Phone	
()		()	
Fax Number		Mobile Phone	
()			
Email Address			
Date of Birth	Age	Marital Status	
/ /			
Ages of any Dependent Children		Driver Licence Number	

Address Information

PERSON 1			
Current Address			
Suburb		State	Postcode
Time at Address		Years	Months

PERSON 2			
Current Address			
Suburb		State	Postcode
Time at Address		Years	Months

Employment Details

PERSON 1			
Currently Employed (please circle)			Yes / No
If 'Yes' please circle	Full Time / Part Time / Casual / Contract / Self Employed		
Employer / Business Name			
Occupation			
Business Telephone Number		Length of Service	
()			
Business Email Address			
Business Address			
Suburb		State	Postcode
Pay Cycle (please circle)		Weekly / Fortnightly / Monthly	
Centrelink Benefit Type (if applicable)			

PERSON 2			
Currently Employed (please circle)			Yes / No
If 'Yes' please circle	Full Time / Part Time / Casual / Contract / Self Employed		
Employer / Business Name			
Occupation			
Business Telephone Number		Length of Service	
()			
Business Email Address			
Business Address			
Suburb		State	Postcode
Pay Cycle (please circle)		Weekly / Fortnightly / Monthly	
Centrelink Benefit Type (if applicable)			

Monthly Income and Expenditure Statement

MONTHLY INCOME	
Salary / Wages (after tax) - Person 1	\$
Salary / Wages (after tax) - Person 2	\$
Benefits & Maintenance (combined)	
Unemployment Benefits	\$
Sickness / Disability Benefits	\$
Pension Payments (e.g. aged, veterans)	\$
Family Payment (Part A)	\$
Family Payment (Part B)	\$
Rent Assistance	\$
Child Support Payments	\$
Other Benefit Payments	\$
Other Income (combined)	
Dividends	
Interest	\$
Investment Income (e.g. rental)	\$
Other Combined Income (please specify)	
	\$
	\$
	\$
	\$
TOTAL MONTHLY INCOME	\$

MONTHLY EXPENSES	
Mortgage Repayments / Rent	\$
Credit Card Repayments	\$
Personal Loan Repayments	\$
Direct Debits / Standing Orders	
Other (repayments)	\$
Household Costs (combined)	
Rates (e.g. water, council)	\$
Utilities (e.g. electricity, gas)	\$
Telephone / Internet / Mobile / Pay TV	\$
Home / Contents Insurance	\$
Other (household costs)	\$
General Living Costs (combined)	
Food & Clothing	\$
Car Expenses (e.g. petrol, registration, insurance)	\$
Education / School Fees	\$
Entertainment / Personal Expenses	\$
Medical Expenses (including private health insurance)	\$
Other (General)	\$
Other Combined Expenses (please specify)	
	\$
TOTAL MONTHLY EXPENSES	\$

Assets and Liabilities

CURRENT ASSETS (COMBINED)	CURRENT MARKET VALUE
Property (primary residential)	\$
Property (investment)	\$
Investments (e.g. shares, term deposits)	\$
Funds held in Banks / Building Societies	\$
Vehicles (incl. car, bike, boat, caravan)	\$
Furniture	\$
Other Assets (please specify)	
	\$
TOTAL CURRENT ASSETS	\$

CURRENT LIABILITIES (COMBINED)	OUTSTANDING BALANCE
Mortgage (primary residential)	\$
Other Mortgage(s)	\$
Credit Card(s)	\$
Personal Loan(s)	\$
Hire Purchase	
Other Liabilities (please specify)	
	\$
	\$
TOTAL CURRENT LIABILITIES	\$

Payment Arrangement Proposal

Complete this section if you are offering a payment arrangement. It is important to understand that any arrangement offered will be subject to company approval and receipt of this completed form does not constitute acceptance of the proposal.

I / we offer to pay the debt at a rate of	\$	per	(week / month / fortnight)	commencing on	/ / (date)
	(instalment amount)				

Declaration

I/we declare that all information provided on this form is true and correct. I/we give permission to NCML to verify the information provided. I/we understand that it is my/our responsibility to notify NCML of any change in my/our financial position, address and/or contact details.

SIGNATURE OF PERSON 1		
.....	Date / /

SIGNATURE OF PERSON 2		
.....	Date / /