

Application for Finance

NAME (BORROWIN		ABN:					
ADDRESS:				ACN:			
POSTAL ADDRESS	:						
CONTACT:		У и и п			BUS PH:	4.	
EMAIL:							
MOBILE:	HOME PH:			FAX No:			
NATURE OF BUSIN	ESS:						
BUSINESS ESTABL	ISHED:	5	No OF E	MPLOYEE	S:		
INSURANCE COMP	ANY/BROKER:		+				
ACCOUNTANTS:		CON		PHONE No:			
EMAIL:							
BANK:			BRANC	H:			
BSB:		Account Number:					
CLIENT / GUARAN	TOR/ PARTNER	RS/ DIRECTO	RS / SHAREHO	OLDERS (v	where applicable)	
NAME	D.O.B.	DRIVERS LIC No EXPIRY RESIDENTIAL ADDRESS		5	No of yrs at address		
1.							
2.							
3.							
4.							
PREVIOUS ADDRE	SS (if less than	3 years)					
1.			2.				
TRADE REFERENC	ES-FUEL, TYRE	S, PARTS					
BUSINESS NAME		CON	CONTACT		PHONE No	FAX No	
		6					
FINANCE REFEREN	NCES						
COMPANY:			COMP	COMPANY:			

PLEASE ALSO PROVIDE THE FOLLOWING:

- COPY OF DRIVERS LICENSE AND SECOND FORM ID, MEDICARE ETC
- RATES NOTICE TO Any PROPERTY OWNED
- DETAILS OF ASSETS BEING PURCHASED/QUOTE or CONTRACT SALE
- SIGNED PRIVACY FORMS AND FINANCIAL AUTHORITY TO ACT
- SCHEDULE OF FINANCE COMMITTMENTS

IF YOU HAVE ANY QUERIES PLEASE CONTACT STEPHEN DUNKLEY ON (M) 0418516376

AND EMAIL TO stephen@dunkleycapital.com.au

www.dunkleycapital.com.au

Thank you.

Statement of Assets and Liabilities

Name: Address:

Liabilities	Assets
Overdraft if applicable	Bank Accounts
	Business A/C
	Private A/C
	Investment
Property Debts Balance/Payments	Property Assets Value/0EV
Vehicles & Plant	Vehicles & Plant
Other Liabilities	Other Assets
Trade Creditors	Trade Debtors
Total Liabilities	Total Assets
Net Asset Position/Surplus	

I/We hereby certify that the above is a	a full and true statement of my/our Assets and Liabilities
as at the day	y of 2024.
Witness	Signed
	Signed