

PERSONAL INFORMATION:	
Full Name:	Date of Birth:
Occupation:	Business Ph: Home Ph:
Full Address:	

FINANCIAL INFORMATION:			
LIABILITIES			ASSETS
Overdraft (Name of Lender):	Limit \$	Amount Owing \$	Owner's estimated market value \$
Interest accrued	Due Date / /	\$	
Rates/Rents	Due Date / /	\$	
Mortgages/Secured Home Loans			
1.Name of Lender:	Repay Amount: \$	\$	
Security provided/address:			
2.Name of Lender:	Repay Amount: \$	\$	
Security provided/address:			
Unsecured Loans/Personal Loans			
1.Name of Lender:	Repay Amount: \$	\$	
2.Name of Lender:	Repay Amount: \$	\$	
Lease/Hire Purchase			
1.Name of Lender:	Repay Amount: \$	\$	
Asset Purchased:			
2.Name of Lender:	Repay Amount: \$	\$	
Asset Purchased:			
Credit/Store Cards (include even if balance is nil)			
Card Type	Issuer	Card Limit \$	\$
		\$	\$
		\$	\$
TOTAL LIABILITIES			\$
Contingent Liabilities (eg Personal guarantors)			
Cash on Hand			
Accounts (Bank, Credit Union etc)			\$
			\$
			\$
Share Portfolio:			
Stock	No. of Shares @ \$	\$	
Stock	@ \$	\$	
Real Estate:			
1.Address			
Purchase Price \$	Purchase Date / /	\$	
2.Address			
Purchase Price \$	Purchase Date / /	\$	
3.Address			
Purchase Price \$	Purchase Date / /	\$	
Motor Vehicles (Insurer:)			
Make & Model	Year of Manf	\$	
Make & Model	Year of Manf	\$	
Other Assets			\$
			\$
Life Policies (Insurer:)			
Sum Insured: \$	Annual Prem \$	Surrender Value \$	
\$	\$	\$	
TOTAL ASSETS			\$
Superannuation Fund Manager:			(Est current payout) \$
Furniture & Household Effects (Insurer:)			\$

DECLARATION:

I, the undersigned, after enquiry declare as follows:

- a) I am authorised to make this declaration.
- b) I acknowledge the information provided on this proposal is true, factual and correct and authorise inquiries by CBL for the purpose of approving this application.

Signed & Dated by Applicant / / 20__

Signed & Dated by Joint Applicant / / 20__

Send this completed application form together with any relevant documentation to:
Contractors Bonding Ltd, Tower One, The Shortland Centre, 51 Shortland St, P O Box 3772, Auckland.
Phone 09 303 4770, Fax 09 300 5046