

Commercial Application and Confidential Statement of Position

Gold Band Finance

ESTABLISHED 1986

Gold Band Finance Limited Tel: 0800 55 3000 Tel: Christchurch 961 3000 Fax: (03) 963 0379
Level 4 - 69 Cambridge Terrace, PO Box 713 Christchurch 8140 Web: www.goldbandfinance.co.nz

Application

Amount \$ _____ Term (Months) Payment Frequency Week Fortnight Month

Loan Purpose _____

1. Trading details

Legal Name _____

Trading Name _____

GST Number _____

Type of Organisation Company Individual / Sole Trader Partnership
 Incorporated Society Incorporated Charitable Trust Trust Other

Address _____

Postal Address _____

Phone _____

Fax _____

Email _____

Contact Name _____

Date Business Commenced _____

Accountant _____

Phone _____

Solicitor _____

Phone _____

2. Principal Shareholders/Partners

1) Full Name _____

Date of Birth _____

Title _____ Mr Mrs Ms Miss Dr

Home Address _____

Own Rent Board Other

Position _____

Years in Industry _____

2) Full Name _____

Date of Birth _____

Title _____ Mr Mrs Ms Miss Dr

Home Address _____

Own Rent Board Other

Position _____

Years in Industry _____

3. Business Financial Details

Assets

Debtors \$ _____
Stock \$ _____
Bank \$ _____
Shareholders Loans \$ _____
Plant & Equipment \$ _____
Other \$ _____
\$ _____
Total Assets \$ _____

Liabilities

Creditors \$ _____
Bank Overdraft \$ _____
Other Loans \$ _____
Other \$ _____
\$ _____
Shareholders Funds \$ _____
\$ _____
Total Liabilities \$ _____

4. Business Financial Details (or please provide Financial Accounts)

Year	20__	20__	20__
Sales	\$	\$	\$
Gross Profit	\$	\$	\$
Expenses	\$	\$	\$
Net Profit (or loss) before Tax	\$	\$	\$
Tax	\$	\$	\$
Net Profit (or loss) after Tax	\$	\$	\$

5. Personal Statement of Position of Principal Shareholders/Directors

1) Full Name _____

Monthly Income		Monthly Expenditure		Assets		Liabilities	
Income after tax	\$	Mortgage/Rent	\$	House	\$	Mortgage/s	\$
Other	\$	Loans	\$	Other Property	\$	Loans	\$
Other	\$	Credit Cards	\$	Vehicles	\$	Credit Cards	\$
		Insurance	\$	Other (specify)	\$	Other (specify)	\$
		Living Expenses	\$		\$		\$
					\$		\$
Total (A)	\$	Total (B)	\$	Total (C)	\$	Total (D)	\$
Monthly Surplus (A) - (B)				Net Worth (C) - (D)			
\$ _____				\$ _____			

2) Full Name _____

Monthly Income		Monthly Expenditure		Assets		Liabilities	
Income after tax	\$	Mortgage/Rent	\$	House	\$	Mortgage/s	\$
Other	\$	Loans	\$	Other Property	\$	Loans	\$
Other	\$	Credit Cards	\$	Vehicles	\$	Credit Cards	\$
		Insurance	\$	Other (specify)	\$	Other (specify)	\$
		Living Expenses	\$		\$		\$
					\$		\$
Total (A)	\$	Total (B)	\$	Total (C)	\$	Total (D)	\$
Monthly Surplus (A) - (B)				Net Worth (C) - (D)			
\$ _____				\$ _____			

Additional Information to support your application

We certify that there are no Trust implications in respect of any of the above assets and that the information provided is true and correct. We understand that you are relying on the information provided in deciding to grant or continue credit to the undersigned or to others upon our guarantee. In terms of the Privacy Act 1993, We hereby authorize Gold Band Finance Limited to disclose to and to obtain from other sources such information as any of them may have concerning my/our affairs.

Signature _____ Date _____

Signature _____ Date _____