

Statement of Personal Financial Position

**"DO NOT PHOTOCOPY THIS FORM -
Original required to ensure fax is handled promptly"**

Merchant Details *(Please complete if applying at a merchant)*

Merchant
 Suburb & State
 Contact Name
 Phone Number Fax Number

I/We request a CREDIT LIMIT of \$ _____

****MUST BE COMPLETED FOR CREDIT LIMIT INCREASES****

Personal Details

Card/Account Number
 First Names *(Customer 1)*
 Surname *(Customer 1)*
 Name of Employer *(Customer 1)*
 Occupation *(Customer 1)*
 Date of Birth Work Phone Number
 Residential Address

First Names *(Customer 2, if a joint account)*
 Surname *(Customer 2, if a joint account)*
 Name of Employer *(Customer 2, if a joint account)*
 Occupation *(Customer 2, if a joint account)*
 Date of Birth Work Phone Number

Married/Defacto Employed No. of dependent children Home Ph Number *(Customer 1)* Mobile Number *(Customer 1)*

Please circle the appropriate option:	Customer 1 <i>(weekly income)</i>	Customer 2 <i>(Spouse/Partner or Joint Account Holder weekly income)</i>
Salary/Wages (after tax)	\$	\$
Self Employed/Sub contractor (after tax)	\$	\$
Pension/Self Funded Retiree	\$	\$
Family Allowance	\$	\$
Rental Property Income	\$	\$
Other (please specify)	\$	\$
TOTAL INCOME	\$	\$

DIRECT VARN

If you have included your joint account holder's or partner's income above, then you need to include the total amount for you and your joint account holder or partner in the following fields:

ASSETS AND LIABILITIES

Assets	Value	Liabilities	Limit	Balance	Monthly Payments
Residence/Property/Land	\$	Mortgage/Rent/Board Primary/Other Residence	\$	\$	\$
Home Contents	\$	Visa/MasterCard/Bankcard	\$	\$	\$
Cheque/Savings account	\$	Store Retail Cards (excluding CreditLine)	\$	\$	\$
Investments (shares/bonds)	\$	Charge Card/Amex Card/Diners Club/Other	\$	\$	\$
Motor Vehicles	\$	Personal Loans/Vehicle Loans/Leases/Bank Overdraft	\$	\$	\$
Boats/Caravans	\$	Other (please specify)	\$	\$	\$
Other (please specify)	\$		\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$	\$	\$

I understand that the contents of this statement of personal and financial position will be used for the purpose of assessing credit and/or my credit worthiness. I confirm that I am not currently acting as a Guarantor for financial accommodation or liabilities for any other person. I acknowledge that the information provided herein is true and correct and that no information that is or could be relevant to GE Money granting credit to me has been withheld. I acknowledge that under the Privacy Act 1988 GE Money is allowed to and may disclose to a credit reporting agency personal information contained in this statement of financial position (or otherwise acquired by GE Money) and about the conduct of my credit account. If and to the extent that GE Money does so in a manner and for a purpose that conforms with the Privacy Act, I agree to GE Money obtaining a credit report, containing personal information about me from a reporting agency and to GE Money using that report or any information derived from the report in assessing this or any subsequent request for a credit limit increase and for any other purpose permitted under the Privacy Act. I acknowledge that GE Money may contact any person (for example my employer) to verify information contained in this form.

Signature of Customer 1 Date Signature of Customer 2 *(if a joint account holder)* Date

Fax: 1300 361 045 • Postal address P.O. Box 777 Coorparoo DC QLD 4151

GE Finance Australasia Pty Ltd (ABN 88 000 015 485) and GE Capital Finance Australia (ABN 42 008 583 588) both trading as GE Money.