

**Transaction and Savings
Accounts (with Overdraft)
Application Form**

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Transaction and Savings Accounts (with Overdraft) Application Form



Please complete your details and return to BOQ Specialist
GPO Box 2539, Sydney, NSW, 2001 or fax to 1300 131 400

Products and services are provided by BOQ Specialist - a division of Bank of Queensland Limited ABN 32 009 656 740 AFSL and Australian credit licence No. 244616.

Please use **BLOCK LETTERS**

If you are a company, trust, partnership, sole trader or other entity, please complete this document and the Non-Individual Entity Addendum. This document together with the Non-Individual Entity Addendum, will form your application.

If you are a company or a corporate trustee, two directors or a sole director and company secretary are to complete their individual details under Client 1 and Client 2 and sign this application. Any individual trustee(s) are to complete their individual details under Client 1 and Client 2 and sign this application. Any individual partner(s) who are authorising this application is to complete their details under Client 1 and Client 2 and sign this application. Any individual who completes their details under Section 2 will be an authorised signatory to the account(s) subject to this application.

Your BOQ Specialist contact is

SECTION 1A FOR INTERNAL USE - TO BE COMPLETED BY BOQ SPECIALIST BANKER

I confirm that I am aware of the Target Market Determination (TMD) for the relevant products Yes

I confirm that based on discussions with the client, the client is in the Target Market as described in the TMD for the relevant products Yes

SECTION 1B TO BE COMPLETED BY FINANCIAL ADVISORS

I confirm that I am aware of the Target Market Determination (TMD) for the relevant products Yes

Personal advice has been provided to the client in relation to this product Yes

OR

I confirm that based on discussions with the client, the client is in the Target Market as described in the TMD for the relevant products Yes

SECTION 2 ALL ACCOUNT HOLDERS TO COMPLETE THIS SECTION

Full Account Name (include all entities i.e. Company ATF Trust T/As Business Nam or Company T/as Business Name)

Mailing address

One Account Private Access Term Notice

Trust Tax File Number (if applicable)

Client 1

Please indicate in what capacity you are executing this application form:

Individual Director Sole Director
 Secretary Trustee Partner

Mr Mrs Dr Ms Other

Given names, including middle names

Surname

Previous Names (if applicable)

Alias (if applicable)

Date of birth

Client 2

Please indicate in what capacity you are executing this application form:

Individual Director Sole Director
 Secretary Trustee Partner

Mr Mrs Dr Ms Other

Given names, including middle names

Surname

Previous Names (if applicable)

Alias (if applicable)

Date of birth

Residential address (If same as mailing address state "As Above") PO Box is not acceptable

Suburb State Postcode

Occupation and or qualification (mandatory)

Date of qualification (if applicable)

Intended start date of employment (students and graduates)

Mobile number

Additional contact number

Email address

Residency status

Australian Citizen Australian Permanent Resident
 Non Resident Australian Temporary Resident

Are you a citizen or resident of any foreign jurisdictions?

Yes No

I am a citizen of

I am a resident of

What is your residential status for tax purposes?

Australian resident Non-resident

Do you have a Tax File Number (TFN)?

Yes, insert TFN No, state Exemption Category

Residential address (If same as mailing address state "As Above") PO Box is not acceptable

Suburb State Postcode

Occupation and or qualification (mandatory)

Date of qualification (if applicable)

Intended start date of employment (students and graduates)

Mobile number

Additional contact number

Email address

Residency status

Australian Citizen Australian Permanent Resident
 Non Resident Australian Temporary Resident

Are you a citizen or resident of any foreign jurisdictions?

Yes No

I am a citizen of

I am a resident of

What is your residential status for tax purposes?

Australian resident Non-resident

Do you have a Tax File Number (TFN)?

Yes, insert TFN No, state Exemption Category

Provision of a TFN is not mandatory. If you do not quote your TFN or claim an exemption, tax may be deducted from the interest paid to you at the highest tax rate plus the Medicare Levy. Please see Terms and Conditions for more information.

Are you a resident of any foreign jurisdictions for tax purposes?

Yes No

If yes, please complete the Foreign Tax Self Certification Form.

Debit card

Would you like a debit card to be issued in conjunction with your application for a One Account?

Yes No

Embossing name

Are you a resident of any foreign jurisdictions for tax purposes?

Yes No

If yes, please complete the Foreign Tax Self Certification Form.

Debit card

Would you like a debit card to be issued in conjunction with your application for a One Account?

Yes No

Embossing name

Please provide copies of and details for at least two (2) of the following identification documents:

Driver licence number

Driver licence card number

State of issue

Driver licence expiry date / /

Medicare card number

Medicare card individual reference number

Medicare card expiry date /

Passport Number

Passport Country of issue

Country of Birth

City of Birth

Please provide copies of and details for at least two (2) of the following identification documents:

Driver licence number

Driver licence card number

State of issue

Driver licence expiry date / /

Medicare card number

Medicare card individual reference number

Medicare card expiry date /

Passport Number

Passport Country of issue

Country of Birth

City of Birth

SECTION 3 OVERDRAFT CREDIT LIMIT

Entity type Individual Joint

Account name

Credit Limit Requested \$

Proposed Use of Funds

To meet your interest obligations on any interest incurred on the overdraft you must deposit funds to the account each month equal to or exceeding the interest charged on the account in the previous month.

Alternatively you can meet your interest obligations monthly by setting up a direct debit from your nominated bank account. If you prefer this option please tick the box below.

I would like to meet my interest obligations by direct debit from my designated account in section 5 below.

► Please go to Section 4.

SECTION 4 ACCOUNT HOLDER/S FINANCIAL STATEMENT OF POSITION

Name <input type="text"/>		Name <input type="text"/>	
INCOME		INCOME	
Monthly Salary	\$ <input type="text"/>	Monthly Salary	\$ <input type="text"/>
Monthly Other Income	\$ <input type="text"/>	Monthly Other Income	\$ <input type="text"/>
ASSETS		ASSETS	
Cash	\$ <input type="text"/>	Cash	\$ <input type="text"/>
Principal Residence	\$ <input type="text"/>	Principal Residence	\$ <input type="text"/>
Investment Property	\$ <input type="text"/>	Investment Property	\$ <input type="text"/>
Motor Vehicle	\$ <input type="text"/>	Motor Vehicle	\$ <input type="text"/>
Superannuation	\$ <input type="text"/>	Superannuation	\$ <input type="text"/>
Other	\$ <input type="text"/>	Other	\$ <input type="text"/>
Total Assets	\$ <input type="text"/>	Total Assets	\$ <input type="text"/>
LIABILITIES		LIABILITIES	
Overdraft	\$ <input type="text"/>	Overdraft	\$ <input type="text"/>
Mortgage Principal Residence	\$ <input type="text"/>	Mortgage Principal Residence	\$ <input type="text"/>

Do you foresee any major change to your financial circumstances such as a change in your employment status or a change to your income and/or expenses that may make it difficult for you to meet your repayments?

No Yes

If yes, please provide details:

► Please go to Section 5.

SECTION 5 ACCOUNT OPERATING OPTIONS

1. Online Services?

Your Account is enabled for Online Banking. Do you wish to receive your Statements online?

Yes - You will need to activate Online Banking

No - You will receive paper based Statements

2. What account would you like to nominate as your Designated Account (optional)?

Please nominate an account which you would like linked to your BOQ Specialist account. If you would like Us to Direct Debit from the Designated Account it must be in the same name as your BOQ Specialist account and this request must be accompanied by a bank statement evidencing the account name, BSB and account number.

Bank

Bank account name

BSB

Account no

3. Authority to Operate

Payments from and to the Designated Account (tick one)

I authorise PAYMENTS to and DIRECT DEBITS from this Designated Account from / to my BOQ Specialist Account.

I authorise PAYMENTS ONLY to this Designated Account from my BOQ Specialist Account.

I authorise DIRECT DEBITS ONLY from this Designated Account to my BOQ Specialist Account.

This request must be accompanied by a bank statement evidencing the account name, BSB number and account number.

If you would like to set up additional Designated Accounts, please do so by utilising additional copies of this page or contact Us on 1300 160 160.

Request and authority to debit the account (designated account) named in section 5 of this account application form to pay: BOQ Specialist - a division of Bank of Queensland Limited (userID 359291)

I/We request and authorise BOQ Specialist (userID 359291) to arrange, through its own financial institution, a debit to my/our designated account any amount BOQ Specialist has deemed payable by me/us.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from my/our designated account held at the financial institution I/We have nominated above and will be subject to the terms and conditions of the Direct Debit Request Service Agreement (as set out in the Terms and Conditions).

By signing and/or providing you with a valid instruction in respect of my/our Direct Debit Request, I/we have understood and agreed to the terms and conditions governing the debit arrangements between me/us and BOQ Specialist as set out in this Request and in my/our Direct Debit Request Service Agreement.

4. Operating Authority (Excluding Designated Account Transfers)

If this section is left blank or incomplete, the account will be deemed to be operated by any one signatory.

Any one signatory Any two of the signatories All the signatories

Other instructions

Note: For Online Banking where more than one signatory is required to operate the account, you will need two signatories to authorise a transaction. Where you have specified more than two signatories on an account, any two signatories can authorise payments. For Debit Cards where more than one signatory is required to operate the account, each signatory must approve the issue of a Debit Card to any signatory, however, once the Debit Card is issued, it may be used by that signatory alone.

5. Financial Adviser Authority and Adviser Service Fee

5.1 Complete this section if you were introduced by an External Financial Adviser

By signing below you are authorising the Adviser and/or authorised employees of the firm shown below to make any enquiries, provide deposit maturity and commencement instructions and request payments from/to your BOQ Specialist Account to/from the Designated Account specified in section 5 of this Account Application Form "Account Operating Options" and subject to your election for this account to be debited, credited or both.

We will send the Adviser duplicate copies of your account correspondence, provide such information to the Adviser as requested and action the Adviser's instructions as outlined herein. Please note, this authority does not extend to the making of any payment instructions to/from third party accounts. To authorise a specific individual, such as your Adviser, to operate your account as a signatory, please complete point 7, "Additional Authorised Signatories" on page 6.

Name of firm

Name of Adviser

Please sign below if completed 5.1

Authorised Signatory 1 (Account holder)

Authorised Signatory 2 (Account holder)

Date

Date

6. Electronic Communications

You consent to receiving by electronic communication any pre-contractual information, notices and other documents relating to the BOQ Specialist account that we are required to give you. We will rely on this consent to communicate with you by electronic mail ("e-mail") to the e-mail address that you have notified to us. By giving this consent, you acknowledge that we are no longer required to send you pre-contractual information, notices and other documents relating to the BOQ Specialist account in paper form. You must ensure that you check your email regularly for pre-contractual information, notices and other documents from us and notify us of any changes to your email address. You should also ensure that emails from us to your email address are not blocked. You may withdraw this consent at any time and change to receiving the paper document to your nominated mail address, by notifying us through email.

7. Additional Authorised Signatories

If there are no additional signatories other than the account holder/s you do not have to complete this section.

Who are authorised signatories for the purposes of operating your account?

All individual account holders are authorised signatories.

If you want additional Authorised Signatories please complete this section. If you require more than two additional Authorised Signatories to operate the account, please contact our Client Service Centre on 1300 160 160 and we will send you a supplementary form to complete.

Additional Signatory 1

Mr Mrs Dr Ms Other

Given names

Surname

Date of birth
 / /

Residential address

Suburb State Postcode

Telephone work
()

Mobile number

Email address

Occupation and or qualification (mandatory)

Additional Signatory 2

Mr Mrs Dr Ms Other

Given names

Surname

Date of birth
 / /

Residential address

Suburb State Postcode

Telephone work
()

Mobile number

Email address

Occupation and or qualification (mandatory)

Please provide copies of and details for at least two (2) of the following identification documents

Driver licence number

Driver licence card number

State of issue

Driver licence expiry date / /

Medicare card number

Medicare card individual reference number

Medicare card expiry date /

Passport Number

Passport Country of issue

Country of Birth

City of Birth

Signature

Date
 / /

Driver licence number

Driver licence card number

State of issue

Driver licence expiry date / /

Medicare card number

Medicare card individual reference number

Medicare card expiry date /

Passport Number

Passport Country of issue

Country of Birth

City of Birth

Signature

Date
 / /

► Please go to Section 5.

SECTION 6 PRIVACY DECLARATION

This Privacy Declaration explains how BOQ Specialist collects, uses and discloses your personal information, including credit information. By signing and submitting this application, you agree that BOQ Specialist may handle your personal information as detailed in this Privacy Declaration and in the BOQ Specialist Privacy Policy.

Collection

BOQ Specialist collects, uses and discloses your personal information:

- (a) to enable it to assess the application for the credit facility, or to assess whether to accept you as a guarantor in relation to the credit facility, including in assessing your credit worthiness;
- (b) to verify my identity and carry out other checks as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) and the National Consumer Credit Protection Act 2009 (Cth);
- (c) if the application is successful, for the subsequent establishment and administration of the account and credit facility (including portfolio analysis, security, risk management, collecting overdue repayments and complying with its legal obligations in respect of the account and credit facility);
- (d) to review the credit facility on a periodic basis or in connection with changes (e.g. credit limit);
- (e) to enable it to undertake planning, product development, data mining or research;
- (f) to produce its own assessments and ratings in respect of your credit worthiness;
- (g) in connection with any potential or actual acquisition of any interest in BOQ Specialist;
- (h) for the investigation and prevention of crime, fraud and illegal conduct;
- (i) to assist you in managing your debts and collect overdue payments; and
- (j) to provide you with information about other products and services in which you may be interested.

In certain circumstances, BOQ Specialist may also be required to collect sensitive information about you, for example, when you make an application for assistance during periods of financial hardship caused by illness or injury. We may collect this information from third parties, for example, a doctor or hospital.

You acknowledge that not providing personal information as required, or authorising a third party to do so, may result in your application being rejected.

If you provide personal information about any other person, you will need to inform any third parties that their information is being collected by us and by signing this Application, you agree to give that person a copy of this Privacy Declaration.

Exchange - general

You understand and agree that BOQ Specialist may exchange your personal information, including credit information, to the extent permitted by law, with:

- (a) persons with whom you make a joint application or any other person (if any) authorised to operate the credit facility;
- (b) other financial institutions and credit providers for purposes including (i) assessing your application(s) for credit; (ii) considering whether to accept you as a guarantor; (iii) notifying other credit providers of defaults; (iv) exchanging information about your credit status where you are in default with BOQ Specialist or another credit provider; (v) assessing your credit worthiness at any time during or after the life of your credit arrangement; and (vi) any other purpose authorised by law;
- (c) its subsidiaries or related bodies corporate;
- (d) its agents, credit managers and related service providers who assist BOQ Specialist in management and administration of your application and the credit facility;
- (e) its other agents and service providers including, without limitation, organisations providing debt collection, mailing house, legal, accounting, business and financial consulting, loan management, archival, auditing, banking, marketing, advertising, delivery, recruitment, customer contact, information technology, research, utility, valuation, insurance (including lenders' mortgage insurance), data processing, data analysis, investigation and security services;

- (f) your agents and representatives, including, without limitation, referees, brokers, guarantors and prospective guarantors, executors, administrators, trustees, guardians, attorneys, or financial or legal advisers;
- (g) payment systems participants;
- (h) anyone who introduce you to BOQ Specialist, such as a mortgage broker;
- (i) partner organisation, including organisations providing benefits to BOQ Specialist clients and suppliers of products or services requested by you but not provided to BOQ Specialist;
- (j) other entities to whom BOQ Specialist is, by law, required or permitted to provide information about you, including law enforcement authorities, government authorities, regulatory bodies, courts, external dispute resolution schemes and government registries, such as the Land Titles Office of any State and the Personal Property Securities Register;
- (k) any guarantor or potential guarantor for the credit facility, in order for them to consider whether or not to act as guarantor or provide security; and
- (l) other entities that are authorised by you.

Some of the parties with which BOQ Specialist exchanges your personal information may be located outside Australia, in countries including South Africa, United Kingdom, New Zealand, Philippines, India, the United States of America, Singapore and other countries. By signing and submitting this application form you consent to overseas disclosures on this basis.

Exchange - credit reporting bodies

BOQ Specialist may exchange your personal information with credit reporting bodies (CRBs) in order to, for example, obtain a credit reporting about you for the purposes of assessment an application for consumer or commercial credit, disclose any failure by you to meet your payment obligations in relation to the credit facility, the fact that you have committed fraud or other serious credit infringement, and considering whether or not to accept you as a guarantor or security provider.

CRBs may including information that BOQ Specialist has provided them to other credit providers to assist them to assess your creditworthiness. You can ask a CRB not to disclose the credit information that it holds about you without your consent for a "ban period" of 21 days if you believe on reasonable grounds that you have been or are likely to be a victim of fraud, including identity fraud. If a ban period is active at the time you submit this application or any time during the life of the credit facility, you consent to us accessing your credit information from a CRB.

CRBs may use your credit information to respond to requests from credit providers to "pre-screen" you for marketing. You can ask a CRB not to do this, although BOQ Specialist may still (unless you request otherwise) provide you with direct marketing.

The CRB we use is Veda Advantage, whose privacy policy, explain how it manages credit information, and contact details are available at www.veda.com.au/contact-us

I/We have read the section titled 'Customer information and privacy' within the Terms and Conditions and agree to consent to the use, storage, maintenance and disclosure of my personal information as detailed in that document.

By signing and submitting this application, you consent to us:

- collecting, using and disclosing your personal information, including credit information, in the manner described above; and
- (unless you opt out) using your personal information identify and provide you with information by mail, telephone or electronically, about products and services you may be interested in.

Please tick this box if you do not wish to receive marketing offers about BOQ Group's products and services.

Are there guarantors to the overdraft?

- Yes **▶ Please go to Section 7 and 8.**
- No **▶ Please go to Section 9.**

SECTION 7 GUARANTORS - INFORMATION WE NEED TO KNOW ABOUT YOU

Guarantor 1

Given names, including middle names

Surname

Date of birth

 / /

Residential address (PO Box is not acceptable)

Suburb

State

Postcode

Occupation and or qualification (mandatory)

Date of qualification (if applicable)

 / /

Mobile number

Additional contact number

Email address

Driver licence number

Driver licence card number

State of issue

Driver licence expiry date

 / /

Medicare card number

Medicare card individual reference number

Medicare card expiry date

 /

Passport Number

Passport Country of issue

Country of Birth

City of Birth

Guarantor 2

Given names, including middle names

Surname

Date of birth

 / /

Residential address (PO Box is not acceptable)

Suburb

State

Postcode

Occupation and or qualification (mandatory)

Date of qualification (if applicable)

 / /

Mobile number

Additional contact number

Email address

Driver licence number

Driver licence card number

State of issue

Driver licence expiry date

 / /

Medicare card number

Medicare card individual reference number

Medicare card expiry date

 /

Passport Number

Passport Country of issue

Country of Birth

City of Birth

► Please go to Section 8.

SECTION 8 GUARANTOR(S) - DECLARATION AND ACCEPTANCE

General Declaration

By signing this application, each Guarantor requests BOQ Specialist to make an assessment of my/our credit worthiness to provide a credit facility on terms and conditions. I/we declare that all information provided to BOQ Specialist is true and correct and not misleading in any respect. Should the credit facility be approved by virtue of requesting the first drawdown under the proposed facility I/we confirm that I/we have received and understand the terms and conditions of the facility and agree to be bound by them. I/we agree to the Privacy Declaration in section 6.

Warranty and Acknowledgement

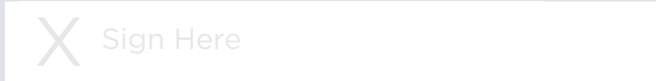
By signing below, you warrant and acknowledge that:

- you have read the Transaction and Savings Accounts and Overdraft Facility Terms and Conditions;
- you agree to the Privacy Declaration in section 6 of this application form;
- you have made sufficient enquiries about the Account Holder's character, credit worthiness and financial position;
- You can refuse to enter into this guarantee;
- There are financial risks involved;
- You have the right to limit your liability in accordance with the Banking Code of Practice and as allowed by law;
- You can request information about the Overdraft being guaranteed (including information about any facility that the account holder is refinancing with this Overdraft);
- You should seek independent legal and financial advice of the effect of the guarantee;
- if the National Credit Code does not apply to the Overdraft and no Special Terms and Conditions apply to the Account Holder - you are giving your guarantee which makes you individually and personally liable for the repayment of the facility provided to the Account Holder together with all reasonable costs and expenses of enforcing the guarantee and indemnity;
- if the National Credit Code does apply - you will give your guarantee by signing a form called the One Account with Overdraft "Schedule" which will confirm further details relating to the facility;
- if the Account Holder cannot pay and you are unable to pay you could lose everything you own; and
- failure to meet your obligations under the guarantee may result in an adverse credit rating being recorded with an external credit rating agency.

Acceptance by Guarantor 1

Name

Signature



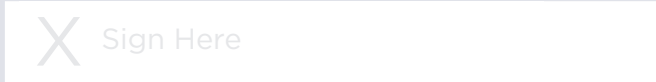
Date

 / /

Witness 1 (independent 3rd party)

Name

Signature



Date

 / /

Acceptance by Guarantor 2

Name

Signature



Date

 / /

Witness 2 (independent 3rd party)

Name

Signature



Date

 / /

SECTION 9 ACCOUNT HOLDER(S) DECLARATION AND ACCEPTANCE

General Declaration

By signing this application, the Account Holder(s) requests BOQ Specialist to make an assessment of my/our credit worthiness to provide a credit facility on terms and conditions. I/we declare that all information provided to BOQ Specialist is true and correct and not misleading in any respect.

Co-borrowers

It is important that you understand the difference between being a co-borrower and a guarantor.

Co-borrower: As a Co-borrower you are equally responsible for the repayment of the loan. Where the other borrower/s won't or can't repay the loan, you are responsible for repaying the whole loan. This can affect your credit eligibility.

Guarantor: A guarantor provides a guarantee, which is a promise to repay the borrower's debt if they are unable to do so. Certain legal protections may apply to a guarantor that would not otherwise apply to a co-borrower

Warranty and Acknowledgement

By signing below:

- you warrant that the information supplied by you in this Account Application Form is true and correct in every respect and agree that the Transaction and Savings Accounts and Overdraft Facility Terms and Conditions, your Account Application Form, the FSG, the Direct Debit Request – Service Agreement if applicable and, where applicable, Special Terms and Conditions and Debit Card Conditions of Use (if applicable), shall form the basis of your deposit;
- you confirm that you have received, read and understood the Terms and Conditions for the Transaction and Savings Accounts (with Overdraft), the Direct Debit Request – Service Agreement if applicable, the 'Account opening documentation requirements' and, where applicable, Special Terms and Conditions and Debit Card Conditions of Use (if applicable), and agree to be bound thereby as well as any further or other conditions we may formulate in respect of your account from time to time and notify you in writing;
- you confirm that if BOQ Specialist approves your Account Application Form and Credit Limit, BOQ Specialist will send you a One Account schedule or equivalent document offering to enter into a contract with you for an Overdraft Account and that you will be bound by the Terms and Conditions for the Transaction and Savings Accounts (with Overdraft) and the Direct Debit Request – Service Agreement (if applicable) and any Special Terms and Conditions (if applicable) and Debit Card Conditions of Use (if applicable) with respect to the Overdraft Account where you accept the offer as set out in the One Account Schedule. The One Account Schedule may require you to accept the terms of the Overdraft Account by signing and returning a specified document or may allow you to accept the terms in some other way;
- you warrant that in opening your account you have complied with all relevant legislation;
- you confirm that you will update BOQ Specialist of any change in circumstances which affects the tax residency declared in this application form. You further confirm that you will provide BOQ Specialist with an updated self-certification and declaration of this change in circumstance;
- you confirm that you have not relied on any warranty or representation made by BOQ Specialist in relation to this product and that you have obtained your own advice in relation to this product;
- you agree to the Privacy Declaration in Section 6 of this application form;
- you acknowledge that where a debit card is issued in conjunction with your One Account, your activation of a debit card and/or first use of the debit card constitutes your acceptance of the Debit Cards Conditions of Use;
- where you have applied for a Notice Account, you acknowledge that at least 32 days notice is required from you before you can withdraw or transfer funds out of your Notice Account. A request by you to withdraw or transfer funds out of your Notice Account before the end of the 32 day notice period will only be granted by Us if the grounds for such a request are based on hardship, as assessed and agreed to by Us.
- where you have applied for a term deposit, you acknowledge that unless you advise us otherwise before maturity, we will at maturity automatically re-invest your term deposit for the same term at our prevailing rate of interest. Should your term deposit be automatically re-invested you will be entitled to a 7 calendar day grace period from the term deposits previous maturity date. During the grace period you have the option to make changes to your term deposit details or withdraw your funds without incurring a fee or an interest adjustment or needing to provide 31 days notice.
- you understand that if you may need to access funds in the Term Deposit or 32 Day Notice Account immediately or regularly then other BOQ Specialist deposit products may be more suitable for your needs.
- you understand that you can request a copy of your not suitable assessment, free of charge.
- you agree to the collection, use and sharing of your information before, during and after the provision of credit as outlined here in the Privacy Policy.
- you agree to us obtaining one or more credit reports about you from Credit Reporting Bodies which may include:
 - credit information (a "consumer credit report"); or
 - information concerning your commercial credit activities or commercial creditworthiness (a "commercial credit report").
- you agree fees payable in relation to this application (including application fees, valuation fees and search fees) may still be payable if the application does not proceed.
- if you are a co-borrower entering into a loan, you understand the risks associated with this and you understand the difference between being a co-borrower and a guarantor.
- if you provide us with documentation which includes personal information about a person who is not a borrower to the application (for example, a statement of a joint account), you confirm that you have obtained their consent to provide this information to us.
- all the information you have provided to us is complete and correct and that we may rely on this information for the purpose of assessing the application.
- where there are changes to your personal details, you agree to notify us as soon as possible.

Acceptance by Client 1

Name

Signature

X Sign Here

Date

 / /

Witness 1 (Independent 3rd party)

Name

Signature

X Sign Here

Date

 / /

► *If you plan to use this Facility for business purposes go to section 10.*

Acceptance by Client 2

Name

Signature

X Sign Here

Date

 / /

Witness 2 (Independent 3rd party)

Name

Signature

X Sign Here

Date

 / /

SECTION 10 BUSINESS USE DECLARATION

I/We declare that the credit to be provided to me/us by the credit provider is to be applied wholly or predominantly for:

- business purposes; or
- investment purposes other than investment in residential property.

IMPORTANT

You should only sign this declaration if this loan is wholly or predominantly for:

- business purposes; or
- investment purposes other than investment in residential property.

By signing this declaration you may lose your protection under the National Credit Code.

Individual 1

Name

Signature

X Sign Here

Date

 / /

Individual 2

Name

Signature

X Sign Here

Date

 / /

Account Opening Documentation Requirements

Everyone who opens a new account and all signatories to and beneficial owners of the account are required by law to be identified. In the event that we are unable to identify you electronically, the below table outlines the identification documents you will be required to provide.

INDIVIDUAL / SOLE TRADER AND JOINT APPLICANTS

Two (2) A documents	(A + A)
One (1) A documents AND one (1) B document	(A + B)
One (1) A documents AND one (1) C document	(A + C)
Two (2) B documents	(B + B)
One (1) B documents AND two (2) C documents	(B + C + C)

Category "A" Documents - Primary Photographic

- Original Certified Copy of Australian or Foreign Drivers Licence
- Original Certified Copy of Passport
- Original Certified Copy of Proof of Age Card
- Original Certified Copy of a National Identity Card

Category "B" Documents - Primary Non-Photographic

- Original Certified Copy of Birth Certificate or Birth Extract
- Original Certified Copy of Citizenship Certificate
- Original Certified Copy of Australian Pensioner Concession Card, Health Care Card or Seniors Health Card

Category "C" Documents - Secondary Documents

- Original Certified Copy of Australian government issued Medicare Card
- Original Certified Copy of Debit or Credit Card
- Original Certified Copy of Student Photo Identification Card (issues by Australian higher education provider or Institution or TAFE)
- Original Certified Copy of Australian Government Notice of Assessment (<12 months old)
- Original Certified Copy of Australian Bank statement (<12 months old)
- Original Certified Copy of rental agreement
- Original Certified Copy of Australian Working with Children Check or Blue Card
- Original Certified Copy of Australian Defence Force Identification Card
- Original Certified Copy of Utility Bill (water or electricity or council rates bill (<3 months old))

The following parties can certify documents: legal practitioner, judge, magistrate, Justice of the Peace, police officer, permanent employee of the Australian Postal Corporation with 2 or more years of service, finance company director / partner with 2 or more years of service, an officer with or an authorised representative of a holder of an Australian Financial Services Licence, member of the Institute of Chartered Accountants in Australia, CPA Australian or the National Institute of Accountants with 2 or more years continuous membership, Dentist, Chiropractor, Medical Practitioner, Nurse, Pharmacist, Optometrist, Patent Attorney, Physiotherapist, Psychologist, Trade Marks attorney, Veterinary surgeon, Bailiff,

Marriage celebrant, Australian Consular Official or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955) and all other persons prescribed by Regulation 4 of the Statutory Declarations Regulations.

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