

# Statement of Financial Position

(For use where further information is required and for credit limit increases)

Please **fax** this form to **0800 504 300**

If you have any queries contact Gem CreditLine 0800 802 702

**Please complete this application form  
in BLOCK letters and return**

## Personal Details

By mail to Gem CreditLine, PO Box 4058, Shortland Street, Auckland 1140. By fax to 0800 504 300.

What is your application or Gem Creditline card/account number?

Title  First name  Middle Name   
 Mr  Mrs  Ms  Miss  Dr

Last name  Date of birth   
D D / M M / Y Y

Marital Status  Married  Defacto  Single  Widowed

Number of dependants

Home telephone number  Mobile   
( ) ( )

Employer

Time at current employment

Current residential address (no PO boxes)  
Unit no. Street no. Street name

Suburb  City  Postcode

## Income Details

Source of income	Your income per week	Your spouse's/partner's income per week
Salary/wages (after tax)	\$ <input type="text"/>	\$ <input type="text"/>
Other (please specify)	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total income</b>	\$ <input type="text"/>	\$ <input type="text"/>

If you have included your spouse/partner's income above, then you need to include the total amount for you and your spouse/partner in the asset and liabilities fields.



Gem CreditLine is provided by Latitude Financial Services Limited.

## Assets and Liabilities

Assets	Value	Liabilities	Limit	Balance	Monthly payments
Residence/property/land	\$	Household mortgage/rent/board		\$	\$
Motor vehicles	\$	Credit cards; e.g. Visa/Mastercard/bankcard/store/retail/hire purchase/charge card/Amex card/Diners Club/other	\$	\$	\$
Other (specify); e.g. Home/contents/cheque/savings account/investments (shares/bonds)/boats/caravans	\$	Personal loans/vehicle loans/leases		\$	\$
		Bank overdraft	\$	\$	\$
<b>Total assets</b>	\$	<b>Total liabilities</b>		\$	\$

## Personal Referee Details (only complete if not previously provided in the last month)

First/Last name (close friend or relative not living with you)  Home telephone number  Mobile   
( ) ( )  
Current residential address (no PO boxes)  
Unit no. Street no. Street name  Suburb  City  Postcode

## Accountant Details (only complete if self employed)

Accountant name  Telephone number   
( )

## Please read Acknowledgement below before signing this form

### Acknowledgement

To: Latitude Financial Services Limited ("Latitude")  
PO Box 4058, Shortland Street, Auckland 1140

I understand that there is no obligation to provide personal information but failure to do so may prejudice my chance of obtaining finance or a credit limit increase on my Gem CreditLine account. Where this form has been completed at a Merchant's premises, I authorise that Merchant to refer it to Latitude. I authorise Latitude to make all necessary enquiries for the purpose of considering my application and I authorise my accountant or employer to provide Latitude with such information as is necessary for this purpose and agree that Latitude may provide a copy of this document to my accountant or employer. I agree that the collection and use of personal information shall be subject to the acknowledgement confirmed by me in my original Gem CreditLine application and in the "Personal Information" provisions of the applicable Conditions of Use. Personal information about me will be held at the offices of Latitude. Where the personal information may readily be retrieved, I shall have access to it and the right to request correction.

**Credit Limit Amount Requested** \$   
(For credit limit increase only)

I have read and fully understand the above acknowledgement:

Customer Signature

Date D D / M M / Y Y

### Merchant use only

Merchant number  Merchant name   
0 9   
Location/department   
Phone number  Fax number   
Sales person first name  Last name