



## Statement of Financial Position

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

Please complete this application form in BLOCK letters and return:

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

### Personal Details

Account/Application Number

Title First Name

Mr  Mrs  Ms  Miss  Dr

Last Name Date of Birth

Marital Status  Married  Defacto  Single  Widowed

Number of Dependents

Home Telephone Number Mobile

Email Address

Employer

Time at Current Employment

Current Residential Address

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) \$

\$

Other (please specify) \$

\$

Total Income \$

\$

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 assets and liabilities fields.

Gem Visa 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>\$</b>	<b>Total Liabilities</b>		<b>\$</b>	<b>\$</b>

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

First and 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

To: Latitude Financial Services Limited, 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 Visa account. Where this form has been completed at a Merchant's premises, I authorise that Merchant to refer it to Latitude Financial Services Limited. I authorise Latitude Financial Services Limited to make all necessary enquiries for the purpose of considering my application and I authorise my accountant or employer to provide Latitude Financial Services Limited with such information as is necessary for this purpose and agree that Latitude Financial Services Limited 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 Visa 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 Financial Services Limited. Where the personal information may readily be retrieved, I shall have access to it and the right to request correction.

PURCHASE PRICE OR NEW CREDIT LIMIT REQUESTED

(If purchasing goods instore)

OR

(For credit limit increases)

I have read and fully understand the above acknowledgement.

Customer Signature

Date

### Merchant Use Only

Merchant Number Merchant Name

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Location/Department

Phone Number

Fax Number

Sales Person First Name

Last Name