

Mediplan Continuing Line of Credit Application Form

PROCEDURE & DOCTOR DETAILS

Are you contemplating a procedure within the next month? Yes No Treatment Type

If Yes, has the procedure date been scheduled with your doctor? Yes No

Doctor's Name Phone Number Scheduled procedure date is **Estimated Procedure Cost** \$

APPLICANT 1 DETAILS

Are you an Australian Citizen? Yes No Are you a Current or Discharged Bankrupt? Yes No If Yes, Date Discharged

Title Surname First Name Middle Name Date of Birth Drivers Licence No. Expiry

Marital Status (Single / Married / Defacto / Separated) # Dependants Telephone Home Telephone Mobile Email Address

Residential Address Suburb State Postcode Time at current address

Residential Status (Own/Buying (Mortgage)/Renting/Other) Mortgagor/Landlord/Agent Details name & suburb Landlord/Agent Phone Number

Monthly Rent/Mortgage Payment \$ If home is owned/buying – estimated market value \$

YOUR EMPLOYMENT DETAILS

Name of Current Employer Occupation Commencement Date Work Status Full time/Perm Part time/Casual Self Employed

Residential Address Suburb State Postcode Telephone – Main Switch

APPLICANT 2 DETAILS

Are you an Australian Citizen? Yes No Are you a Current or Discharged Bankrupt? Yes No If Yes, Date Discharged

Title Surname First Name Middle Name Date of Birth Drivers Licence No. Expiry

Marital Status (Single / Married / Defacto / Separated) # Dependants Telephone Home Telephone Mobile Email Address

YOUR EMPLOYMENT DETAILS

Name of Current Employer Occupation Commencement Date Work Status Full time/Perm Part time/Casual Self Employed

Residential Address Suburb State Postcode Telephone – Main Switch

YOUR MONTHLY INCOME DETAILS (AFTER TAX/TAKE HOME PAY)

	Applicant 1	Applicant 2	Creditor	Account No.	Type	Limit \$	Balance \$	Monthly Pmt
Wage/Salary	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rental Income (Invest.Prop)	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Support Agency	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Centrelink	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Monthly Net Income	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Customers Estimated Monthly Living Expenses (excluding Mortgage/Rent Payments) \$ Customers Estimated House Contents Value \$

AUTO DETAILS

	Make	Model No.	Year	Registration	Chassis No.	Finance Y/N
Vehicle 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DIRECT DEBIT REQUEST

YES, please enrol me in the Mediplan Membership Program

I request you, Medical Funds Australia Pty Limited, ABN 106 974 654 (Direct Debit User ID 218099) to arrange for any amounts which become payable in relation to the Mediplan Member Program (currently \$12 per month which is debited on the 1st of each month or first business day following) to be debited from my account at the financial institution nominated below. I acknowledge that this Direct Debit arrangement is governed by the terms of the Client Service Agreement.

Account Name Name and Branch of Financial Institution

BSB No. - Account No.

Evergreen Finance Company Pty Limited – ABN 35 126 481 865

PRIVACY ACT ACKNOWLEDGEMENTS AND AUTHORITIES

I/We acknowledge that under the Privacy Act, Evergreen Finance Company P/L (“EFC”) can collect and disclose my/our personal information for the purposes agreed to in this Acknowledgement and Authority. The information will only be disclosed as agreed, except where permitted or required by law. I/We have a right to access the personal information held by:

- EFC by contacting the Privacy Officer at Ground Level 157 Walker Street, North Sydney 2060, or phone 1300 1300 12.

I/We specifically acknowledge and agree that EFC may exchange personal information about my/our credit application with a credit reporting agency, any other credit provider named in a credit report and to my/our guarantor, or potential guarantor. The information given to a credit reporting agency about my/our application for credit as individuals may include:

- identity particulars;
- the fact I/we have applied for credit and the amount;
- the fact EFC is a current provider to me/us;
- payments which become overdue more than 60 days, and for which collection action has been commenced;
- advice that payments are no longer overdue;
- cheques drawn by me/us which have been dishonoured more than once or returned “refer to drawer”;
- in specified circumstances, that in EFC’s opinion, I/we have committed a serious credit infringement;
- that credit provided to me/us by EFC has been paid or otherwise discharged.

I/We understand and agree this information can include any information about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act.

I/We also agree that EFC may also:

- obtain confirmation of my/our income, employment and/or residential information;
- exchange my/our personal information with any of its related bodies corporate, employees, agents and contractors;
- disclose personal information to organisations that provide it with services, such as systems consultants, trust managers, document custodians, collections agencies and advisers, so they can perform those services;
- disclose personal information to anyone who purchases, or considers purchasing, any rights under the loan contract and any ratings agencies or other participants in such arrangements, for those purposes.

I/We understand and agree that EFC or the organisations described above, may use the information for the following purposes to:

- assess my/our credit application for personal or commercial credit, or to be a guarantor and/or to assess a credit application of a company where I/we hold a director’s position;
- make future offers to me/us/the company about goods and services, unless I/we withdraw, or refuse, permission;
- manage my/our/the company’s account;
- assist me/us/the company to manage debts or to collect any amounts I/we owe on personal or commercial credit or that the company owes.

YOUR SIGNATURE PLEASE

IMPORTANT! By signing below you agree to the Fine Print contained on the reverse of this application.

Signature of Applicant 1 Date

Signature of Applicant 2 Date

IMPORTANT! Please include a clear photocopy of:

- Evidence of your Income (ie. 2 x recent Pay Slips **OR** Letter of Employment **OR** if self employed, last years Personal Tax Returns)
- Your Drivers Licence
- A recent Bank Statement confirming BSB and Account numbers for Direct Debiting

If this application is successful finance will be provided by Evergreen Finance Pty Ltd subject to terms and conditions.

FOR SELF EMPLOYED APPLICANTS ONLY

I hereby instruct my accountant to release any relevant information in order to expedite this application.

ACCOUNTANTS’ NAME

PHONE NUMBER

Please return to: **Medioplan**
Reply Paid 6155
North Sydney NSW 2061

OR Fax to:
(02) 9955 6560