



paraloan

NZ PARAPLEGIC & PHYSICALLY DISABLED FOUNDATION

APPLICATION FOR LOAN TO PURCHASE MOTOR VEHICLE

PLEASE READ THESE NOTES BEFORE FILLING IN THE FORM

1. You are advised not to enter into binding obligations until the loan has been approved.
2. All appropriate questions should be answered as delays may occur if all relevant information is not supplied.
3. Please note that your application is to be supported by a Doctor's Certificate.
- N.B. All legal costs associated with the preparation of securities for this loan (if approved) will be deducted from the total advanced. Allowance for Legal Costs can be added on to the loan if desired.

1. Full name(s): Tel.:
(Applicant's surname(s) followed by first names) (Business) (Private)

2. Address: Email:
.....

3. Description of vehicle to be financed

Make: Model:

Registration no.: VIN no.:

New ☐ or second-hand ☐

Name of vendor:

Is the vendor a L.M.V.D.? YES / NO

4. Purpose for which required: (e.g. personal or employment)
.....

5. Cash price of vehicle \$.....

Admin. & documentation fee (\$100.00) \$.....

Total to be financed **\$.....**

Less by trade-in vehicle (if any) \$.....

Less own cash contribution \$.....

Less R.H.A. suspensory loan \$.....

Less lotteries grant \$.....

Amount of loan required from the Foundation \$.....

Total cost (as above) **\$.....**

6. Term of repayment requested: years. Monthly repayments: \$

7. Security offered for loan

Property at:

Owned by:

8. No. of current driver's licence: Expiry date:

Issued by:

9. Will be insured with:

10. Solicitor to be instructed: (if applicable)

Of:

Address:

(continues next page)

STATEMENT OF PERSONAL CIRCUMSTANCES OF APPLICANTS

11. Nature of Disability:
(To be supported by Doctor's Certificate)
12. Cause of Disability (i.e. motor accident, sickness, etc.):.....
13. Date from which Disability suffered:
14. Name and Address of Doctor:
15. (a) Have you received, or do you expect to receive,
any compensation for the injury, if caused by accident?
- (b) If yes, please state amount: \$
16. If you are a member of any organisation(s) for the disabled, give name(s):
17. (a) State names of any other organisations or Government agency to whom application for assistance has been
made in the last 5 years, including any current application:
- (b) If yes to above, give details of assistance granted (date and amount):
18. Marital status: Date(s) of Birth/...../.....
(Applicant's) (Partner's)
19. Children and/or dependents who will be living with you:
- | (Name) | (Age) | (Relationship) | (Extent of dependency) |
|--------|-------|----------------|------------------------|
| | | | |
| | | | |
| | | | |
20. Employer: Period of present employment:
21. Income:
- | | Weekly earnings at
time of application | Total received during
past twelve months |
|---|---|---|
| Applicant's Gross Income from Work | \$..... | \$..... |
| Partner's Gross Income from Work | \$..... | \$..... |
| Accident Compensation | \$..... | \$..... |
| Sickness of other Social Welfare Benefit | \$..... | \$..... |
| Other income from (e.g. Interest/Investments) | \$..... | \$..... |
| | \$..... | \$..... |
| TOTALS | \$..... | \$..... |
22. ASSETS (including partner's) LIABILITIES (including partner's)
- | | | | |
|--|----------|---|---------|
| Deposit already paid on property | \$ | Owing on section or property | \$..... |
| Cash (in Bank, etc.) | \$ | H.P. on car at \$..... per week | \$..... |
| Investments (attach details) | \$ | H.P. on furniture at \$..... per week | \$..... |
| Section or
Property (Address) | \$ | Other liabilities (give details) e.g. credit cards..... | \$ |
| Furniture (value) | \$ | Rate's p.a. | \$..... |
| Motor vehicle (Model) | \$ | Houseowner's Insurance p.a. | \$..... |
| Other assets (give details) | \$ | Mortgages with: | |
| | \$ | Amount borrowed | \$..... |
| | \$ | Monthly repayments | \$..... |
| | | Other loans | \$..... |
| | | (Use another sheet of paper if needed) | |
23. Do you, or your partner have a credit card? NO / YES. If yes, please provide your credit card(s) name and credit limit(s)
.....
24. Have you, or has your partner, an interest in any other property and/or business? NO / YES Details are.....
.....
25. Are the applicants New Zealand citizens or have permanent New Zealand residency ☐ Yes or ☐ No (circle one).

I hereby certify that all the information stated in this application is to the best of my knowledge true and correct.

Date: Signature