

ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213



Documentation checklist

Loan I	Documentation
	Fully completed and signed loan application (inclusive of all declarations as applicable)
	Broker/Introducer Fact Finder/Assessment Work Sheet
	Brokerage mandate (if applicable)
100 Po	int Identification
	Full completed and executed AML/CTF customer identification check list.
	Clear and legible copies of 100 point identification documents
Incom	e Verification PAYG
	3 most recent computer generated pay slips
	Most recent PAYG summary (group certificate)
	Letter of employment
	6 months personal bank account statements
	Self employed
	2 years personal and business income tax returns & tax assessment notices
	2 years profit and loss statements
	6 month business account statements
	Government allowances
	Current Centrelink statement confirming pension income
	Current Centrelink statement confirming family tax part A and B
	6 months personal bank account statements
	Rental income
□ And	Copy of current lease agreement (existing property)
П	3 months current rental statements (existing property)



ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213 Call us today on 1300 799 399 www.paramountmortgages.com.au

Existi	ng liabilities
	6 months loan account statements for any current personal loans, leases or hire purchases (even if not being refinanced)
	6 months loan statements for any current home loans and/or investment loans (even if not being refinanced)
	3 months statements for any current credit cards, store cards or unsecured lines of credit (even if not being refinanced)
D «C'»	
Ketin	ancing
	6 months loan account history evidencing satisfactory conduct
	Copy of council rates notice
Prope	rty purchases
	Copy of vendor executed contract of sale for purchase
	Evidence of funds to complete purchase via one of the following:
	6 months genuine savings history
□ And	Statutory declaration from donor or non refundable gift
	Copy of receipt for any deposits paid (if applicable)

Please check and tick documentation check list to ensure all relevant documentation has been provided for loan submission. Please not failure to provide documentation may delay in assessment of loan submission. If you have any questions please call 1300 799 399.

Broker Name Date Brokers Signature



1 2 3

Paramount Mortgage Services

ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213 Call us today on 1300 799 399 www.paramountmortgages.com.au

RESIDENTIAL LOAN SUMMARY

Fax No: (02) 8824 4570 or Email: tonyt@paramountmortgages.com.au INTRODUCER DETAILS **COMPANY NAME Australian Credit** Registration/ Australian **Credit Licence Number** CONTACT PERSON DATE PHONE FAX **MOBILE EMAIL LOAN DETAILS BORROWERS GUARANTORS** PURPOSE Purchase Price \$ Refinance \$ Fees \$ Less own Funds \$ **DETAILS** Less FHOG (include State Grant) \$ Loan Required \$ Valuation / Estimated Value \$ LVR **Estimated Settlement Date** FEES QUOTED TO BORROWER INTEREST RATE APPLICATION FEE **VALUATION FEE LEGAL FEES** OTHER (details) \$ LMI to be Capitalised Yes No **Repayment Method** Weekly Fortnightly Monthly SECURITY PROPERTIES



ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213

SEND DOCUMENTS TO: maryg@paramountmortgages.com.au	
Clients – this is the only option available for Paramount Loans	
PM/N Use Only:	ersion: 16/07/2009
Date Submitted/	oan No:
Date Scanned/ Customer N	Io:
ANTI MONEY LAUNDERING / COUNTER TERRORISM FINANCIN	G (AML/CTF)
JURISDICTION RISK	
1.Is the applicants address in Aust	YES / NO
2.Is the security location in Aust	YES / NO
3.is the asset(s) to be purchased with the loan within Aust or NZ	YES / NO
4. Will the loan be repaid from a source (eg bank account) within Aust or NZ	YES / NO
What is the AML / CTF product risk for this customer?	<u> </u>
High Risk (if answered NO to any of the above questions)	
Low Risk (if answered YES to all the above questions)	
PRODUCT RISK	
What is the AML / CTF product risk for this customer?	
High Risk – if a line of credit loan is part of the facility Low Risk – if the facility does not involve a line of credit loan	
Low Risk – If the facility does not hivorve a fine of credit loan	
SUBMITTED BY	
I, the undersigned as the Introducing broker and accredited Introducer to Parameters.	mount Mortgages, hereby undertake that I have carried out the
following requirements for the loan submission:	mount mortgages, nereby undertake that I have earned out the
a) I have personally identified the following borrowers in person:	
D(-).	
Borrower(s):	
b) The information contained in this application form has been fille	
c) I confirm all supplying documentation to be true and correct and	
d) certify that I have sighted original loan supporting documer	ntation
Brokers Name:	
210.1010 / (41.10)	
Australian Credit Registration/ Australian Credit Licence Number	
Signature:	
COMMENTS / NOTES	
COMMINITION TO LED	



ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213

	APPLICANTS PERSONAL DETAILS						
	APPLICANT 1/	GUARANTOR	APPLICANT	T2/GUARANTOR			
Company Name: A.C.N:							
Date of Incorporation							
Registered Office: Postcode							
Name of All Directors							
Principal Activities							
TITLE:							
SURNAME:							
Given Names (1st & 2nd Names):							
Residential Address:							
	Postcode: f	or Yrs:	Postcode:	for Yrs:			
Telephone/Mobile No.:	Tel: Mol	oile:	Tel:	Mobile:			
Previous Address:							
(If at current address less							
than three years)	Postcode: f	or Yrs:	Postcode:	for Yrs:			
Date of Birth:	/ / Male Fe	emale 🗌	/ / Male 🗌	Female			
Drivers Licence No.:							
Marital Status :							
Number of Dependants and ages:							
1 3	EMPLOYN	MENT HISTORY					
	APPLIC		APPI	LICANT 2			
Current Employer's Name:		•					
Employer's Address:							
Employer's Address:							
		Post of Lo		Post of the			
T. I. alice of the North North	T. 1.	Postcode:	T.1	Postcode:			
Telephone/Facsimile No.:	Tel: Position Held:	Fax: Yrs:	Tel: Position Held:	Fax: Yrs:			
Position Held & Years in Service (If self-employed Job Description & Industry)	i osmon meta.	115.	i osition rieta.	115.			
Employment Type:	Full Time Casual Self employed Other	Part Time Home Duties Unemployed	Full Time Casual Self employed Other	Part Time Home Duties Unemployed			
PREVIOU	IS EMPLOYMENT DETAILS	S (If Current Service Is Les					
	APPLIC		APP	LICANT 2			
Previous Employer's Name:			N/A				
Telephone/Facsimile No.:	Tel:	Fax:	Tel:	Fax:			
Position Held & Years in Service (If self-employed Job Description & Industry)	Position Held:	Yrs:	Position Held:	Yrs:			



ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213

	LOAN SECURITY DETAILS						
Breakdown of Loan Accounts	Split	t 1	Split 2 (If	Applicable)	Split	t 3 (If Applicable)	Split 4 (If Applicable)
Purpose of Loan	Purpose of Loan						
Amount of Loan \$			\$		\$		\$
Facility Required							
Prime Doc			Interest Onl	у	Intere	st Only	Interest Only
Low Doc Principal & Interest		terest	Principal &	Interest	Princi	pal & Interest	Principal & Interest
Standard	☐ Interest Rate		Interest Rat	e	Intere	est Rate	Interest Rate
Standard + Cheque Book			Fixed For Variable Ra Interest Rate	te 📙	Varial	ForYrsble Ratest Rate%	Fixed ForYrs Variable Rate Interest Rate%
Total Loan Amount \$		Date Required to Se		Required to Settle	/ /		
		PRO	OPERTY SEC	CURITY DETA	ILS		
		SECURITY 1			SECURITY 2		
Address:							
		Postcode:				Postcode:	
		Metropolitan Non-Metro			Metropolitan	Non-Metro	
Type of Residential Prope	erty:	Owner Occupied Investment			Owner Occupied	Investment	
		Leasehold Freehold			Leasehold	Freehold	
		Semi-Detached Unit Commercial Zoned Residential Zoned		oned	Semi-Detached Unit Other		
		Rural Zoned Industrial Zoned Other			Offici		
		Torrens Title / Strata Title			Explain:		
		Size / Acreage					
		Other <i>Explain</i> :					
		List in the second	*****************				
Name of Title Holder(s):							
Title Details CT Vol/Folio:							
Purchase Price/ Date of Original Purchase	: :	\$		Date: /	/	\$	Date: / /
Estimated Current Value:		\$				\$	



ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213

Contact for Valuers Access:			
	Home Phone:		Home Phone:
	Work Phone:		Work Phone:
	Mobile Phone:		Mobile Phone:
RACE.	CPOLIND	REPORT OF THE APP	ICANTS
			ON THE BORROWERS (Note: For elf-employed
			inery, etc. see the Leasing Info below)
	BACKGROU	ND REPORT ON THIS LOA	N
Next Of Kin: Name:	• • • • • • • • • • • • • • • • • • • •	Home Phone:	
Applicant 1 Address:		Work Phone:	
		Mobile Phone:	
Next Of Kin: Name:		Home Phone:	
Applicant 2 Address:		Work Phone:	
			different next of kin for each applicant non
		of which live at the	



ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213 Call us today on 1300 799 399 www.paramountmortgages.com.au

MO	NTHLY INC	OME/STAT	TEMENT OF ASSETS &	LIABILIT	IES		
	GROSS IN	COME PER	R MONTH (Proof to be a	attached)			
		APPLIC	CANT 1		,	APPLICANT 2	
Salaries & Wages:	\$	111121	CHIT	\$	•		
Contractual Overtime:	\$			\$			
Pension (Type) or RENT (Circle):	\$			\$			
TOTAL GROSS INCOME:	\$			\$			
Self employed Assessable Monthly Income:	\$			\$			
ASSETS Note – We can help you with LEASI assets	ING on unenc	umbered		LIAB	ILITII	E S	
Address:							
		Value \$	Lender		Ø	Monthly Payments	Total Owing
Existing Property Home:			Existing Mortgage:			\$	\$
Existing Property Home:			Existing Mortgage:			\$	\$
Other Property:			Existing Mortgage:			\$	\$
Vacant Land:			Current Rent Paid: (If Applicable)			\$	\$
Car/s:			Lease/Hire Purchase (Car/s:		\$	\$
Furniture etc:						\$	\$
Other			Other Hire Purchase: (Give Details)			\$	\$
Savings: Branch:			Personal Loan, Bank, Union, Building Socie			\$	\$
Bank / Building Society / Credit Uni	ion:		Other Commitments - Credit Cards (Give De			\$	\$
Donosit Paid:			Card/Limit:	vilities:		\$	\$
Deposit Paid: Superannuation:			Normal Monthly Liabilities: Taxation Liability:		1	y Years	\$
			Other Liabilities & Ba (Give Details)	nk Overdr	aft:	Limit \$	\$
			Any contingent liabil or company interest o Guarantees: (Give details in space	r other e.g.	ship	\$	\$
TOTAL (A)	9	\$	7	TOTAL (B)			\$

SURPLUS (A) - (B)

Note

- * I Tick box if loans are to be repaid by this advance
- * Please provide details for disbursement at settlement i.e. Company Name
- * Reasons for Original Loan and Redemption Figure



balance.

Paramount Mortgage Services

ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213 Call us today on 1300 799 399 www.paramountmortgages.com.au

	(1		IDS POSITION nced - Must Be Completed In Ful	1)
Purchase Price:	\$		Sale Proceeds:	\$
Refinance:	\$		Savings:	\$
Home Improvements:	\$		Equity/Existing Re-draw:	\$
Legal Fee's:	\$		Equity - New Refinance:	\$
Loan Stamp Duty:	\$		Gift:	\$
Land Stamp Duty:	\$		Other:	\$
Application Fee:	\$		Loan Amount:	\$
Mortgage Insurance:	\$			
Other:	\$			
TOTAL	\$		TOTAL	\$
			.	
		YOUR SOLICITOR	R'S (Or Representative) Details	
Name of Firm:			Phone Number:	
Address:			Fax Number:	
			DX:	
	State:	Postcode:	Email:	
Contact Name:				
	YOU	JR ACCOUNTANT'S	DETAILS (If You Are Self Emplo	yed)
Name of Firm:			Phone Number:	
Address:			Fax Number:	
			DX:	
	State:	Postcode:	Email:	
Contact Name:				
		METH	OD OF PAYMENT	•
The application fee is refe	undable in the	the application fee at t case of the loan being	he time of application. Any outsta declined except where the approva	anding fee must be paid at settlement. al is issued for a lower amount than the costs of valuation and refund the

or

Cheque

Cash \square





ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213

Call us today on 1300 799 399 www.paramountmortgages.com.au

APPLICANT DECLARATION

I/we hereby agree to the following conditions:

- The Lender will engage a valuer to report on the proposed property.
- The fee for valuation is not refundable once the valuation has been made, whether or not the loan is approved and whether or not the valuation meets your requirements.
- The valuer's and/or inspector's reports are prepared for the Lender's purposes only and remain the property of the Lender. Neither the Lender nor the valuer/inspector shall be under any legal obligation or liability to me/us for any matter disclosed or not disclosed in such
- If this application is approved, you will issue me/us with a letter of offer, which, if accepted, will bind me/us to its terms and conditions, including providing security in relation to any loan made to me/us.
 - If this application is approved I/we agree to pay all charges required by the Lender.
 - I/we have understood the instructions given on this application form.

	* I/we declare that all the information given is true and otherwise in writing.	d correct and wi	ıll remain true and correct unless and u	ntil I/we not	ify you	
				NO	YES	
1.	Have you or your spouse ever been declared bankrupt or in benefit of creditors?	nsolvent, has eit	her estate been assigned for the			
2.	Have you or your spouse ever been shareholders or officers and/or liquidator has been appointed?	s of any compan	ny of which a manager receiver			
3.	Is there any unsatisfied judgement entered in any court aga you or your spouse are or were a shareholder or officer?	ainst you, your s	spouse or any company of which			
4.	Have you, or your spouse or any company with which you foreclosed upon or given title or deed in lieu thereof throug					
5.	Has any part of the Deposit or the balance due above this lo	oan been obtains	ed from borrowings?			
6.	Has any application in respect of this loan been submitted by	by you, or any o	other person, to any other lender?			
7. I	Do you agree to occupy the property as a home?					
8.	Are you or your spouse the owner of any dwelling or vacant	ıt land?				
the cor the agr	We hereby agree that Paramount Mortgages may negotiate e lender which they consider necessary to enable the negotia rrect and further declare that I/We am/are over the age of eige lender as to the taxation consequences of any borrowing a gree that if my/our application is approved any loan made by which will be forwarded to me/us for signature with the lender.	iation of a loan. eighteen (18) year and I/We have o by the lender to m	I/We declare that the information provurs. I/We acknowledge that no represent obtained my/our own advice in that reame/us will be subject to the lender's loar	vided to the le station or war gard. I/We a	ender is true a ranty is giver cknowledge a	and n by and
	SIGNATURE (APPLICANT 1) DATE	E	SIGNATURE (APPLICANT 2)	DA	ATE	
l	PRINT NAME		PRINT NAME			
	SIGNATURE (APPLICANT 3) DATE	E	SIGNATURE (APPLICANT 4)	DA	ATE	
j						
	PRINT NAME	L	PRINT NAME			



ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213 Call us today on 1300 799 399 www.paramountmortgages.com.au

JOINT BORROWERS NOMINATION FORM ADDRESS FOR NOTICES

IMPORTANT

Important - Please read this form carefully

Under the Consumer Credit Code, if there is more than one Borrower and the Borrowers reside at the same address, one may be nominated by them to receive notices and other documents on behalf of all of them.

If you sign this nomination form, a notice or other document given to the nominated Borrower, while the nomination remains in force, will be taken to have been given to all Borrowers who have signed this form.

You are entitled to receive a copy of any notice or other document under the Consumer Credit Code and by signing this form you are giving up the right to be provided with information direct from the credit provider.

Any person who has signed this form can advise the credit provider at any time that they wish to cancel their nomination and accordingly wish to receive directly a copy of any notice or other document under the Consumer Credit Code.

		BORROWERS' NO	OMINATION		
I/we nominate					
SIGNATU	RE (APPLICANT 1)	DATE	SIGNATURE (APPLICANT 2)	DATE	
PRI	INT NAME		PRINT NAME		
110	INT INTIVIL		I KIIVI IVIIVIE		
SIGNATU	RE (APPLICANT 3)	DATE	SIGNATURE (APPLICANT 4)	DATE	
PR	INT NAME		PRINT NAME		



ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213 Call us today on 1300 799 399 www.paramountmortgages.com.au

DECLARATION UNDER THE CONSUMER CREDIT CODE WHERE CREDIT IS TO BE APPLIED WHOLLY OR PREDOMINANTLY FOR BUSINESS OR INVESTMENT (other than residential property investment) PURPOSES

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 or investment purposes (other than residential property investment).

	r					
	IMPORTANT					
	-		nolly or predominantly for business or in			
	by signing trus deciar	ation you may lose your	protection under the Consumer Credit C	oue.		
	CICNIATUDE (ADDITICANTE 1)	DATE	CICNIA THEE (A DRI ICA NIT 2)	DATE		
1	SIGNATURE (APPLICANT 1)	DATE	SIGNATURE (APPLICANT 2)	DATE		
	PRINT NAME		PRINT NAME			
	SIGNATURE (APPLICANT 3)	DATE	SIGNATURE (APPLICANT 4)	DATE		
	PRINT NAME		PRINT NAME			



ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213

1300 799 399 www.paramountmortgages.com.au

PRIVACY ACT 1988 CONSENT

I/We acknowledge that I/we have made an application for credit from the Lender. The Lender may use the personal information I/we provide for the purpose of providing credit and subject to the provisions of the Privacy Act, I/we may have access to personal information collected and held by PARAMOUNT MORTGAGE SERVICES PTY LTD, and the Lenders and Insurers noted in the Schedule. I/We may contact these companies for access to my/our personal information held (if any) by contacting the Privacy Officer at the address or in the manner disclosed in the Schedule.

Authority to exchange information with other credit providers

In accordance with Section 18N(1)(b) of the Privacy Act, I/we authorise PARAMOUNT MORTGAGE SERVICES PTY LTD and the Lender to give and obtain from credit providers named in this credit application, and credit providers that may be named in a credit report issued by a credit reporting agency, information about my/our credit arrangements. I/We understand 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 1988.

The Lender will or may seek lenders mortgage insurance from one or more insurers in respect of the repayment of any finance that the Lender may provide or in respect of any mortgage that may be given to secure the repayment. In this Notice, each of the insurers listed in the Schedule is referred to as "insurer" so that a reference below to the Insurer means each of them acting alone or any or all of them acting collectively.

I/we note that lenders mortgage insurance insures the Lender against loss on default under a mortgage finance arrangement the Lender has with me/us. I/We do not receive the benefit of the lenders mortgage insurance policy.

Where the Lender applies to the Insurer for insurance in connection with:

- any finance sought by me/us from the Lender (whether sought by I/we alone or with others); or
- any mortgage and/or guarantee given or to be given by me/us (whether alone or with others) to secure the repayment of any finance provided or to be provided by the Lender;
- The Insurer will be collecting personal information about me/us.

The Lender and Insurer will be collecting any such personal information about me/us for the purposes of:

- assessing the risk of providing lenders mortgage insurance to the Lender in respect of finance sought by me/us from the Lender;
- assessing the risk of me/us defaulting on your obligations to the Lender in respect of which whether or not the Lender/Insurer may provide (or has provided) lenders mortgage insurance;
- assessing the risk of me/us being unable to meet a liability that might arise under a guarantee entered into, or proposed to be entered into, in respect of mortgage finance given (or to be given) by the Lender to another person;
- the subsequent administration or variation of any lenders mortgage insurance cover provided;
- risk assessment and management involving securitisation, credit scoring, portfolio analysis, reporting and fraud prevention and claim recovery; and
- complying with legislative and regulatory requirements.

Without the provision of my/our personal information to the Lender and Insurer, the Insurer may be unable to process or accept the Lender's application for lenders mortgage insurance and the Lender may be unable to provide the mortgage finance requested.

By signing the acknowledgment below, I/we agree and consent to the Lender and Insurer using and disclosing the personal information it collects about me/us for the purposes set out above (subject to any restrictions imposed on the Lender and Insurer by Privacy Act 1988): The Lender and Insurer will usually or may disclose personal information of the kind it collects about me/us to:

- its related companies;
- re-insurers;
- credit reporting agencies;
- its service providers;
- its agents, contractors, and external advisers;
- my/our referees, including my/our employer;
- my/our legal and financial advisers;
- government and other regulatory bodies;
- ratings agencies;
- payment system operators;
- guarantors and prospective guarantors;
- title insurers:
- all parties involved in securitization; and
- other financial institutions, and credit providers.



ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213 Call us today on 1300 799 399 www.paramountmortgages.com.au

For the client/borrower to sign

By signing below, you, as our client, acknowledge and authorise:

- 1. Paramount will provide your personal information to lender(s) Paramount approaches so the lender can assess your credit application.
- 2. A lender approached by Paramount may do any, or all, of the following to assess your credit application:
 - Notify a credit reporting agency you have applied for credit with them, the amount of the credit required and that they are your current credit provider
 - Provide your identification details to a credit reporting agency
 - Exchange credit information about you with a credit reporting agency and any credit provider named in any credit report from that
 agency, or any credit provider named in your application
 - Obtain information about your commercial activities or commercial credit worthiness, where relevant, from a credit reporting agency
 - Disclose information about your proposed loan and your credit information to a guarantor or prospective guarantor.

For the prospective guarantor to sign

I suggest the following be included by the broker in its privacy consent for a guarantor to sign -

By signing below, you, as prospective guarantor, acknowledge and authorise:

- 1. Paramount will provide your personal information to lender(s) Paramount approaches so the lender can assess whether to accept you as a guarantor in support of the application by the client borrower for credit.
- 2. A lender approached by Paramount may do any, or all, of the following to assess your guarantee application:
 - Provide your identification details to a credit reporting agency
 - Exchange credit information about you with a credit reporting agency and any credit provider named in any credit report from that
 agency, or any credit provider named in your application or the credit application
 - Obtain information about your commercial activities or commercial credit worthiness, where relevant, from a credit reporting agency.

By signing the acknowledgment below, I/we agree and consent (subject to the restrictions imposed on the Insurer by the Privacy Act) to any such disclosures of your collected personal information by the Lender and Insurer, regardless of when or how the information was collected, even though some of the organisations may be overseas.

If and to the extent that the Lender and Insurer does so in a manner and for purposes that conform with the Privacy Act, by signing the acknowledgment below, I/we agree and consent to:

- the Lender and Insurer obtaining information about my/our commercial activities and commercial credit worthiness from a business which provides information about the commercial credit worthiness of persons, and to the Insurer using that information in assessing the application of the Lender for lenders mortgage insurance;
- to the Lender and Insurer giving to and receiving from any credit providers named in the application for finance, and any credit providers named in a credit report issued by a credit reporting agency, information about my/our credit worthiness, provided that the information is given or received for the purpose of assessing the Lender's application for lenders mortgage insurance; and
- to the Lender and Insurer obtaining a commercial and/or consumer credit report containing personal information about me/us from a
 credit reporting agency and to the Insurer using that report or any information derived from the report in assessing the Lender's
 application for lenders mortgage insurance in respect of either consumer credit or commercial credit provided by the Lender, and for any
 other purposes permitted under the Privacy Act.



SIGNATURE (4)

Paramount Mortgage Services

ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213 Call us today on 1300 799 399 www.paramountmortgages.com.au

SCHEDULE

	ach and every one of the following organisation		
Perpetual Trustee Company Limited		ABN:	42000001007
Challenger Wholesale Finance Pty L Level 10, 101 Collins Street, Melbour	ne 3000		72 087 271 109
Challenger Commercial Lending Lir	nited (and associated entities)	ABN:	65 000 073 143
Challenger Managed Investments Li	mited (and associated entities)	A RNI-	94 002 835 592
Challenger Life No 2 Limited (and a	essociated entities)	ABN:	44 072 486 938
	60 Power Street North Sydney NSW 2050	ABN	75 117 819 084
Victorian State Home Loans	69 Berry Street, North Sydney NSW 2059	ABN:	58 063 587 968
13 Davey St Frankston, VIC 3199 Wa	tts eagle services		
Latrobe Financial Asset Managemen		ABN:	30 006 479 527
Level 25, 333 Collins St Melbourne V		Tibiv.	30 000 47 7 327
MKM Capital Pty Ltd	10000	ABN·	73 111 776 464
The state of the s	D. Trading as Victorian State Home Loans		
13 Davey Street, Frankston Vic 3199	D. Trading as Victorian State Home Loans		58 063 587 968
Permanent Mortgages Pty Ltd		ACN	109 141 531
Level 25, 333 Collins St Melbourne V		ACN	097 176 362
Perpetual Trustee Company Limited		ACN	000 341 533
As Trustee for the Aussiemac Mortg	age Insured Trust		
123 Pitt Street Sydney NSW 2000			
Widebay Australia Limited		ABN:	40 087 652 060
NATIONWIDE CAPITAL		ABN	63 108 966 178
Suite 2 Level 1/360, Pacific Highway 0	Crows Nest -NSW -2065	11211	00 100 700 170
2. In this Notice, the "Insurer" means eac GE Mortgage Insurance Company Pty L Level 23,259 George Street, Sydney 2000 PMI Mortgage Insurance Limited		ABN Ph	lly or together): I: 60 106 974 305 n: 02 8248 2500 I: 70 000 511 071
Level 23,50 Bridge Street, Sydney 2000		Pł	n: 02 9231 7777
Pepper Finance Corportation Ltd		ABN	J: 51 094 317 647
Pepper Home Loans Pty Ltd		ABN	J: 86 092 110 079
Pepper Australia Pty Ltd Austraian Cre	edit License No 286655		I: 55 094 317 665
PO Box 6186, North Sydney NSW 2060			e: 1800 737 737
Vero Lenders Mortgage Insurance Limit	red, Level 5, 465 Victoria Avenue Chatswood 2065		J: 55 001 825 725
		Pł	n: 02 9978 9000
GNATURE OF APPLICANT / GUA I/we declare that I am/we are over the ag is upon this basis that I/we make this app	RANTOR ge of 18 and the information contained in this application for credit. I/we also confirm our agree	pplication are true and ement to the matters se	correct in every particular
SIGNATURE (1)	PRINT NAME	Γ	DATE
JIGNATURE (1)			
SIGNATURE (2)	PRINT NAME	I	DATE
SIGNATURE (3)	PRINT NAME		DATE

DATE

PRINT NAME





Customer name _

Select one

Paramount Mortgage Services

Borrower \Box or Guarantor \Box

ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213 Call us today on 1300 799 399 www.paramountmortgages.com.au

Customer Identification Check List

Part 2 of the *Anti-Money Laundering & Counter Terrorism Financing Act 2006* requires the information in this form to be collected and verified for EACH customer application. Please ensure that you follow the relevant lender's procedures and that all photocopies of customer documents provided to your lender are clear and legible.

			4	
Customer Type	Section to be completed			
Individual	Section A and Section B			
Sole Trader	Section A, Section B and Section C			
Company (Pty and Ltd)	Section D, Section A (for at least O	NE director) and Section B		
Company (Public)	Section B only			
Trust	,	stee is an individual) and Section B <i>or</i> here the trustee is a company) and Section B		
Partnership	Section F, Section A (for at least Ol	NE partner) and Section B		
Introducer Declarati	on			
I declare:				
The documenta	ation provided is current or within accept	table time frames		
All photograph	All photographic identification is a "reasonable likeness" to the individual			
Nothing in my dealings with the customer have raised any suspicions concerning the proposed transaction				
Face to face ve	Face to face verification of the customer was carried out by me			
Face to face ve	Face to face verification was not possible because (state reason):			
(If Option 2 is (state reason):	used) verification against primary photo	graphic documentation was not possible because		
Signed:		Name:		
Date:		Introducer:		





ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213

A	Customer - Individual					
A1	Personal information					
	Full name (including middle names):					
	Date of birth:					
	Residential address:					
	Any other names known b	y:				
A2	Documentation to very information – satisfy either option 1 or option 2					
	Option 1 Primary Photographic Documentation – ONE of the following:					Tick
	Drivers License					
	Australian Passport					
	State or Territory officially issued identification card:					
	Type of card:		Issued by:	Issued by: Expiry:		
	Number:		Expiry:			
	National identity card (photographic):	State:	Number:		Expiry:	
	Other (insert details):					
	Option 2 Primary Non-Photographic Documentation plus Secondary Non-Photographic Documentation					
	(a) ONE of the following					
Birth Certificate						
	Citizenship Certificate Pension Card or Health Care Card issued by Centrelink					
	(b) AND at least ONE of	the following				
	Financial Benefits Stateme	ent issued by the Comm	nonwealth, a State or a	Territory w	ithin the last 12 months	
	Income Tax Assessment Notice issued by the Australian Taxation Office within the last 12 months					
	Rates or utility notice issu	ed by a local governme	ent body or utilities prov	ider within	the last three months	
	Individual under 18 years which states the individual's name, residen	_		•		
В	Transaction Information					
	Location of asset being pur	rchased with the loan (i	f any):			
	Address of security proper	ty (if any):				
	Source of funds for repayn of account):	nent or investment (pro	vide details			





ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213

С	Customer - Sole Trader	
	Collect information and verify the identity of the individual as per Part A1 and A2 above	
	Collect the Transaction Information as per Part B above	
	AND collect the following (no need to verify)	
	Full name of business:	
	Principal place of business:	
	ABN issued to the business:	

D	Customer - Company (Pty and Ltd, but not listed companies)	
	Collect the name of ALL directors	
	Collect information and verify the identity of at least ONE director as per Part A1 and A2 above	
	Collect the Transaction Information as per Part B above	
	Collect the personal information in A1 for ALL shareholders owning more than 25% of the company (no need to verify under A2)	
	AND collect the following (no need to verify):	
	Full name of company as registered by ASIC:	
	ACN issued to the company:	
	Full address of the company's registered office:	
	Full address of the company's principal place of business:	

<u>E</u>	Customer - Trust		
	If the trustee(s) is an individual, collect information and verify the identity as per Part A1 and A2 above for EACH individual trustee		
	If the trustee(s) is a company, collect and verify information as per Part D Collect the Transaction Information as per Part B above		
	AND collect the following (no need to verify):		
	Full name of the trust:		
	Type of trust (e.g. Unit, discretionary, hybrid):		
	Unless the trust is widely held (10 or more unit holders), the full name of each beneficiary or a description of the class of beneficiaries of the trust:		





ABN: 82 104 607 178 P.O. Box 6139, Baulkham Hills BC 2153 FAX: 02 8882 7213

$\overline{\mathbf{F}}$	Customer - Partnership		
	Collect information as per Part A1 for all partners		
	Verify the identity as per Part A1 and A2 for at least one partner		
	Collect the Transaction Information as per Part B above		
	AND collect the following (no need to verify):		
	Full name of partnership:		
	Full address of the partnership's principal place of business (if any):		