



Office 41, Miami One Shopping Centre
Cnr Nundah Av and Sunshine Pde
Miami QLD 4220
Phone: 1300 736 976
Fax: 1300 557 466

NO DOC FACT FINDER

Please **FULLY** complete and Fax Back to 1300 557 466

Primary Contact for this Proposal	Name: Phone: Email Address:
Please provide a brief description of what you are trying to do (attach a separate page if insufficient room)	
What is your intended EXIT strategy	
If Borrowers are Individuals, List Name & Residential Address of all Borrowers	



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If TRUST is the Borrower	Type of Trust: Discretionary, Hybrid, Unit Who is the Trustee: List names of all Adult Primary Beneficiaries/Unit Holders:
For Company Borrowers or Trustees	Name of Company:
Details of Security being offered	Is this property an Owner Occupied Home (owned by one of the Borrowers) YES or NO (circle) Are your BUYING or REFINANCING (circle) Property Address: Estimated Value / Purchase Price: \$ If Refinancing, what is the current debt and who is the current Lender: Who is or will be on the property Title: Type of Property: House, Unit, Acreage, Factory, Vacant Land ... please supply as much information as possible including Land Size, Dwelling size, Zoning:



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Loan Sought	Amount \$ Loan Term (circle one): 3 months / 6 months / 9 months / 12 months / 18 months / 24 months If Refinancing and requesting Cash Out, please give a brief description of what the funds will be used for:
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ALL BORROWERS MUST ALSO COMPLETE A CREDIT CHECK AUTHORISATION FORM AS WELL AS AN ASSETS AND LIABILITIES DECLARATION (SEE FOLLOWING PAGES).

WE CANNOT PROGRESS YOUR APPLICATION WITHOUT THIS INFORMATION.



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CREDIT INFORMATION AUTHORITY FORM **EACH BORROWER TO COMPLETE**

Authority for an agent to obtain an individual's credit information file held by a credit reporting agency (Privacy Act 1988). I:

Name : _____ DOB: ____ / ____ / ____

Full Address: _____

Drivers Licence #: _____ State of Issue: _____

Date of Issue: _____ Expiry Date: _____

Signature 1: _____

Authorise Webloan Pty Ltd (trading as lowdocloans.com.au) to act as my agent in seeking access to my consumer credit information held by a credit reporting agency.

This authority only applies to enquiries made by lowdocloans.com.au in connection with an application (or proposed application) by me for credit AND / OR my having sought advice in relation to existing credit.



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ASSETS AND LIABILITIES

OF:

ASSETS	\$(value)	LIABILITIES	\$(owing)
Owner Occupied Home (address):	\$	Mortgage with (Lender): Payment per month: \$	\$
Investment Property 1 (address):	\$	Mortgage with (Lender): Payment per month: \$	\$
Investment Property 2 (address):	\$	Mortgage with (Lender): Payment per month: \$	\$
Investment Property 3 (address):	\$	Mortgage with (Lender): Payment per month: \$	\$
Motor Vehicle 1 (Make/Model):	\$	Payment per month: \$	\$
Motor Vehicle 2 (Make/Model):	\$	Payment per month: \$	\$
Other Assets: Home Contents Boats/Caravans Cash in Bank Deposit Paid (if Purchasing) Super Shares Any other Major Assets (List):	\$	Other Loan (Lender): Payment per month: \$ Other Loan (Lender): Payment per month: \$ Other Loan (Lender): Payment per month: \$ Credit Card 1: Limit: \$ Who with: Credit Card 2: Limit: \$ Who with: Credit Card 3: Limit: \$ Who with:	\$