



# Loan Application Form

Student Support Services

<b>Name:</b> _____		<b>Student No:</b> _____	
<b>Identification</b>		<b>Sighted</b>	<b>Copy Taken</b>
Drivers Licence No.:	Expiry Date:	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Card No. (if applicable):		<input type="checkbox"/>	<input type="checkbox"/>
Passport No. (if applicable):		<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Loan: _____ _____ _____			
Amount Requested: \$ _____			
Have you applied for or received a scholarship in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Compulsory Information: Full name, address and phone numbers of 3 relatives or friends (1 only living with you):</b>			<b>Relationship</b>
1. _____			_____
2. _____			_____
3. _____			_____
Current or last employer's name and address ( if applicable): _____			
Car registration number, make and colour of vehicle (if applicable): _____			
<b>Bank Details</b>			
Name of Institution:		_____	
BSB No:		[ ][ ][ ][ ][ ][ ][ ][ ][ ]	
Account No:		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	
Account Holders Name(s):		_____	
Have you ever been bankrupt: No <input type="checkbox"/> Yes <input type="checkbox"/>			
Are your wages currently garnisheed: No <input type="checkbox"/> Yes <input type="checkbox"/>			
Proposed Method of repayment for this loan (e.g. how much do you think your budget could afford): _____			
Signature: _____		<b>(Office use only)</b>	
Date: _____			