



Loan Application Form

Student Support Services

Name: _____		Student No: _____	
Identification		Sighted	Copy Taken
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"/>			
Compulsory Information: Full name, address and phone numbers of 3 relatives or friends (1 only living with you):			Relationship
1. _____			
2. _____			
3. _____			
Current or last employer's name and address (if applicable): _____			
Car registration number, make and colour of vehicle (if applicable): _____			
Bank Details			
Name of Institution: <input style="width: 400px;" type="text"/>			
BSB No: <input style="width: 100px;" type="text"/>			
Account No: <input style="width: 200px;" type="text"/>			
Account Holders Name(s): <input style="width: 400px;" type="text"/>			
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: _____		(Office use only)	
Date: _____			