

CUSTOMER INFORMATION REVIEW FORM

1. Personal Details

LOAN NO.

Borrower:

Male Female

First Name Surname

Date of Birth Marital Status

Drivers Licence (Type): Full Restricted Other Licence No..... Version.....

Dependants: Yes No Number of Dependants..... Dependants Age/s

Address Suburb/Town Years.....

Phone..... Email.....

Tenancy: Own Home Renting Boarding Family Other.....

Borrower References (note - these contracts must have phone numbers):

Nearest relative (not living with you):

First Name Surname

Relationship..... Phone.....

Address Suburb/Town

Personal Contact:

First Name Surname

Relationship..... Phone.....

Address Suburb/Town

2. Employment Details

Borrower:

Employment Type:

Full Time Part Time Self Employed Contractor Casual Unemployed Other.....

Present Employer Years..... Months.....

Address Suburb/Town

Phone..... Occupation

CUSTOMER INFORMATION REVIEW FORM cont.
3. Income Details
Borrower:

 Income Type: Salary Wages (p/a) Benefit* Other.....

*If you receive a benefit, fill in the details below:

Benefit Type..... Benefit Number.....

 Income Frequency: Weekly Fortnightly Monthly
Please complete below:

Borrower:			
Salary / Wages	\$	Benefit	\$
ACC	\$	Child support	\$
Tax credits	\$		
Other income (Please specify)	\$	Other income (Please specify)	\$
TOTAL Income	\$		

4. Expenses

 Enter your expenses in the table below. If these expenses are shared by people other than the applicants, only include applicants contribution.
 Debts, hire purchases, loans or credit card payments are not to be included in this section.

	Borrower:	Income Frequency:	Weekly	Fortnightly	Monthly
Rent/Mortgage/Board (select 1)	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food and Household Expenses	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity/Gas	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone/Mobile Phone	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance (house, contents, life, car, medical)	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rates/Water Rates	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Costs (medical, dental, chemist)	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare and Education	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Costs (warrant of fitness, registration)	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport Costs (petrol, taxi, public transport)	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment (pay t.v, movies, lotto, TAB)	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House/Property Maintenance	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL Expenses	\$				

CUSTOMER INFORMATION REVIEW FORM cont.

5. Assets

Please enter the value of each asset:

Own Home	\$	
Savings	\$	
Voluntary Superannuation Payments	\$	
Investments	\$	Please specify
Other Property	\$	Address
Other Assets	\$	Please specify
Motor Vehicles	\$	Make..... Model
		Registration No.....
		Make..... Model
		Registration No.....
TOTAL Assets	\$	

6. Debts and Liabilities

Complete this section if you are paying any debts such as hire purchase, car payments, fines, loans (including student loans or credit cards).

Type	Amount Owing \$	Repayment Amount \$
Frequency	Lender.....	
Type	Amount Owing \$	Repayment Amount \$
Frequency	Lender.....	
Type	Amount Owing \$	Repayment Amount \$
Frequency	Lender.....	

7. Authorisation Pursuant to the Privacy Act 2020

I confirm that I do not have any outstanding traffic, parking or other fines, do not have a criminal record and am not an undischarged bankrupt.

I authorise Oxford and all related companies (as defined in the Companies Act 1993) to use and disclose the personal information I have provided to undertake all necessary enquiries and request, collect, check and exchange information (both now and in the future), including but not limited to personal, commercial and financial information about me and references, from any: Credit Reporting Agency, the NZTA (NZ Transport Agency), Ministry of Justice, Ministry of Immigration, NZ Immigration Services, my employer(s), accountant, or any other source, for the purposes of assessing my creditworthiness, providing credit to me, administering and enforcing any agreement I subsequently may enter into with Oxford, offering me insurance, maintaining credit records with Oxford, a related company and external agencies, marketing goods and services provided by Oxford, a related company or any other supplier nominated by us.

I understand and agree that in order to facilitate a Credit Reporting Agency's services Oxford will disclose to such agency information about me for that purpose, including any updates of such information. The Credit Reporting Agency will hold that information on their systems for that purpose. Oxford will also collect and disclose my positive credit information including monthly repayment history to credit reporters. If I default in my payment obligations to Oxford, I understand that the information about that default may be given to any Credit Reporting Agency and they may give that information about my default to other Credit Reporting Agency customers.

Name..... Signature: **X** Date: / /