

# Gilrose Finance Company Limited

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 P O Box 303018, North Harbour, Auckland  
 Telephone: (09) 478-7790 Fax: (09) 478-1456  
 Toll Free: 0508 445 767

GUARANTOR FOR: \_\_\_\_\_

PLEASE PRINT APPLICANTS NAME

Dealer Name

Telephone:

Facsimile:

COMPLETE FORM IN BLOCK LETTERS	VALUE OF GOODS: (Incl. GST) \$
DESCRIPTION OF GOODS:	DEPOSIT: \$
	TERM: 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> MONTHS
	PAYMENT FREQUENCY: <input type="checkbox"/> WEEKLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> MONTHLY
	TYPE OF LOAN: HIRE PURCHASE <input type="checkbox"/> RENTAL <input type="checkbox"/>

**THE GUARANTOR**

GIVEN NAMES:	SURNAME: (Mr/Mrs/Miss/Ms)	
ARE YOU A NZ CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO PLEASE STATE CITIZENSHIP:	
PERMANENT RESIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH: / /	
STREET ADDRESS:	TIME THERE:	
SUBURB:		
TOWN/CITY:		
HOME PHONE NO:	WORK PHONE NO:	MOBILE PHONE NO:
PREVIOUS ADDRESS:	HOW LONG:	
OCCUPATION:	EMPLOYER'S NAME:	
TIME THERE:	POSITION:	IMMEDIATE SUPERIOR:
PREVIOUS EMPLOYER:	TIME THERE:	PHONE:
NEXT OF KIN NAME AND ADDRESS:	PHONE:	
MARRIED / SINGLE / DE FACTO:	NAME OF SPOUSE:	
SPOUSE'S DATE OF BIRTH: / /	SPOUSE'S OCCUPATION:	
SPOUSE'S EMPLOYER:	TIME THERE:	PHONE:
IF SPOUSE IS A CO-GUARANTOR THEN A SECOND APPLICATION IS REQUIRED.	NUMBER OF DEPENDANTS:	
PERSONAL WEEKLY INCOME (BEFORE TAX – APPLICANT ONLY): \$200 - \$399 <input type="checkbox"/> \$400 - \$599 <input type="checkbox"/> \$600 - \$799 <input type="checkbox"/> \$800 - \$1199 <input type="checkbox"/> \$1200 + <input type="checkbox"/>		
HOMEOWNER: YES <input type="checkbox"/> NO <input type="checkbox"/>	VALUE OF HOME (APPROX.) \$	BALANCE OF MORTGAGE (APPROX.) \$

CREDIT REFERENCE – FULLY PAID LOANS: (\$ Approximations Only)	Description of Goods: (e.g. Car, Computer)	Original Balance:	Balance Owing:	Monthly Payments:
NAME OF COMPANY: TELEPHONE:				

OTHER CREDIT OUTSTANDING: (\$ Approximations Only)	Description of Goods: (e.g. Car, Computer)	Original Balance:	Balance Owing:	Monthly Payments:
NAME OF COMPANY: TELEPHONE:				

<b>PERSONAL ID:</b> Personal ID sighted by (STAFF MEMBER PLEASE PRINT NAME):
Driver's Licence Number: Amex, Diners, Bankcard, MasterCard, Visa Number:
Passport Number: Other:
Motor Vehicle Model Year: Registration Number:

**PRIVACY ACT:**  
 I/We hereby authorise any person or company to provide you or the Finance Company named above with such information as you may require in response to your enquiries associated with this application. I/We also further authorise you to furnish to any third party or parties details of this application and any subsequent dealings that I/we may have with you as a result of this application being actioned by you. I/We hereby declare that the information provided is true and correct and that I/we are not an undischarged bankrupt. I/We agree that the financier may nominate the insurer at its discretion.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_