



Matrimonial / De Facto Property Settlement

CONFIDENTIAL

SECTION A: For the Applicant...

Your Details

Sex M F

Surname..... First Name.....

Maiden Name (if applicable)..... Middle Name

Address

City State Post Code.....

Home (Telephone) Mobile..... Work (Telephone).....

Fax..... Email

Date of Birth Place of Birth

Driver's Licence State of Issue.....

Expiry Date..... Car Registration.....

Are you employed? Yes No Name of Employer

Your annual gross income \$

Mother's Maiden Name (to be used for privacy purposes).....

Next of Kin

Relationship.....

Next of Kin Address.....

Contact Telephone..... Email

Have you been bankrupt? Yes No Date of Discharge

Are you a guarantor for any financial liability? Yes No

Are you indebted to any government agency? (eg. ATO, Child Support Agency) Yes No

Please provide details.....

.....

.....

Details About Your Relationship

Type of Relationship

Married Date of Marriage..... Date of Separation.....

De Facto Date relationship commenced..... Date of Separation.....

Number of children of the relationship..... Age of Children

With whom do the children reside?.....



Matrimonial / De Facto Property Settlement

CONFIDENTIAL

Application Amount

Has your solicitor provided you with an estimate of funding required until the conclusion of your matter?

Yes No

How much would you like to borrow \$.....

Purpose of Loan?

Legal Fees: Amount \$.....

Living Expenses: Amount \$.....

How did you hear about ASK Funding?

Radio Newspaper Web Solicitor Family Friends Other

Please state.....

I hereby certify that the information given in the above answers to the above questions are true and correct. I acknowledge that ASK Funding Limited will rely on these answers when assessing my application for this loan. I hereby authorise and instruct my solicitor to provide ASK Funding Limited with all reasonable information required in order to assess this application.

Applicant's Name (print):

Signature Date



Matrimonial / De Facto Property Settlement

CONFIDENTIAL

SECTION B: For your Solicitor...

Solicitor's Details

Solicitor's Name..... Law Firm.....
 Address City
 State Post Code Telephone..... Fax
 Email

About the Proceedings

1. Assets of the Relationship (please attach an annexure if there is insufficient room)

Asset Description	Ownership	Value	Debt
(eg. 6 Smith, Albion, NSW.)	(Joint tenancy)	(\$450,000.00)	(\$150,000.00)

(Please provide valuations or appraisals of property, Form 13's and bank statements verifying mortgages if they are available.)

2. Contributions by the Parties (please attach an annexure if there is insufficient room)

Applicant:
 At the commencement of the relationship.....

 During the Relationship.....

 Other Party:
 At the commencement of the relationship.....

 During the Relationship.....

3. Section 75 factors or relevant future factors (please attach an annexure if there is insufficient room)

Applicant.....

 Other party



Matrimonial / De Facto Property Settlement

CONFIDENTIAL

4. Further Details (please attach an annexure if there is insufficient room)

- a. Has your client acted for themselves in the proceedings? Yes No
- b. When was your firm engaged by the Applicant?
- c. Is there or is there likely to be any interveners involved in these proceedings? Yes No
 - i. If yes please provide details
- d. Stage of Proceedings: Pre-litigation Litigated Conference or Mediation / Trial
- e. Have offers been exchanged by the parties? Yes No
 - i. If yes please provide details
- f. Please tick as appropriate:
 - Client's cash entitlements **will be** sufficient to repay loan
 - Client's cash entitlements **will not be** sufficient to repay loan (property to be realised)
- g. Is the other party self-represented? Yes No
- h. Has the other party ever been bankrupt? Yes No

Loan Details

What is your estimate of the fees including outlays to the conclusion of your client's matter? \$.....
How much is required initially? \$.....
Solicitor's Bank..... Account Name (Trust Account).....
Trust Account Number..... BSB.....

N.B. From time to time ASK Funding Limited may required further information to complete the application process. Should this be necessary ASK Funding Limited will contact you to further discuss your client's matter.

I hereby confirm that the information contained in Section B of the Application Form is true and correct to the best of my knowledge and belief based on my instructions from the Applicant.

Solicitor's Name (please print)

Signature..... Date.....

P 1800 JUST ASK
(1800 587 827)
PO Box 7111
Riverside Centre,
Brisbane Qld 4001
Impact Capital Limited
ABN 22 094 503 385

NOTICE OF DISCLOSURE

OF YOUR CREDIT INFORMATION TO A CREDIT REPORTING AGENCY.

**Important Notice To Applicant(s) For Credit
(Section 18(E)(1) Privacy Act 1988)**

Provision of information to a credit reporting agency:

Impact Capital Limited ABN 22 094 503 385 and its subsidiaries ("Impact Capital Limited") may give information about you to a credit reporting agency, for the following purposes:

- to obtain a consumer credit report about you, and/or
- to allow the credit reporting agency to create or maintain a credit information file containing information about you.

The information is limited to:

- Identity particulars - your name, sex, address (and the previous two addresses) date of birth, name of employer, and drivers licence number.
- your application for credit or commercial credit - the fact that you have applied for credit and the amount.
- The fact that Impact Capital Limited is a current credit provider to you.

- loan repayments which are overdue by more than 60 days, and for which debt collection action has started.
- advice that your loan repayments are no longer overdue in respect of any default that has been listed.
- information that, in the opinion of Impact Capital Limited you have committed a serious credit infringement (that is, fraudulently or shown an intention not to comply with your credit obligations).
- dishonoured cheques - cheques drawn by you for \$100 or more which have been dishonoured more than once.
- that credit provided to you by Impact Capital Limited has been paid or otherwise discharged.

Period to which this understanding applies

This information may be given before, during or after the provision of credit to you.

Statement By Applicant (s) For Credit

Please read carefully before signing. Where there is more than one applicant, each applicant must sign.

1. Giving information to a Credit Reporting Agency (Section 18E(8)(c) Privacy Act 1988)

Impact Capital Limited has informed me that it may give certain personal information about me to a credit reporting agency.

2. Access to Commercial Credit Information (Section 18L(4) Privacy Act 1988)

I/we agree that Impact Capital Limited may obtain information about me/us from a business which provides information about the commercial credit worthiness of persons for the purpose of assessing my/our application for consumer credit.

3. Exchange of Credit Worthiness Information (Section 18N, Privacy Act 1988)

I/we agree that Impact Capital Limited may exchange information with those credit providers named in this application or named in a consumer credit report issued by a credit reporting agency for the following purposes;

- to assess an application by me/us for credit
- to notify other credit providers of a default by me/us
- to exchange information with other credit providers as to the status of this loan where I am in default with other credit providers
- to assess my/our credit worthiness.

I /we understand that the information exchanged can include anything about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to exchange under the Privacy Act.

I /we consent to Impact Capital Limited communicating the results of my consumer credit report to my solicitor or legal representative. I /we understand that we can refuse this consent by ticking the box below.

I do not wish Impact Capital Limited to communicate the results of my consumer credit report to my solicitor

I /we understand that Impact Capital Limited may disclose personal information to its subsidiaries for the purposes of offering other relevant products within the group of companies. I / we understand we can opt-out of this by ticking the box below:

I do not wish Impact Capital Limited to contact me/us about other relevant products and/or services

Current Address:

.....

Full Name:

.....

Signature:

.....

Date:

.....

P 1800 587 827

PO Box 7111
 Riverside Centre,
 Brisbane Qld 4001

This product is issued by
 Impact Capital Ltd. ABN 22 094 503 385