# **Novated Lease Application**



To: Toyota Flee	t Managemen	t Novated Lea	asing Centre	Consultant			
ADDI ICANTICI	DERSONAL DE	FAU C		DEFENSE DET	ALLE (MLICT DE L	ICTED)	
APPLICANT'S		IAILS			AILS (MUST BE I		
TFM Quote Nun	nber			Full name of R	eferee (not livin	g with you)	
Title	Surname			Relationship to	o you (must resi	de within Au	stralia)
First name		Middle nam	e(s)	Address			
Date of birth	Gender						
/ /	☐ Male ☐			Suburb		State	Postcode
		lease specify)		Contact phone	e number		
Drivers licence r	no. State of iss	sue Ex	oiry date	( )			
			/ /	Email address			
Licence card nu	mber						
				A DDL ICANITIO	EMPLOYMENT	DETAILC	
Marital status					EMPLOYMENT	DETAILS	
				Name of empl	oyer		
Number of Depo	endants (if left	blank, assum	es 0 dependants)				
				Employer's add	dress		
Residency statu							
Australian citizen [			mporary visa* 🗌			T_	T
*Please provide a cop	by of your current Pa	issport & Visa with	your application	Suburb		State	Postcode
Preferred email	address			Employer's ph	one number	Payroll num	ber
				( )			
Secondary ema	il address			Employer's em	ail address		
(must be persor	nal email addre	ess if work em	nail used above)				
				Occupation			
Current residen	tial address						
		<u> </u>		Commenceme			y (per annum)
Suburb		State	Postcode	/	/	\$	
Time at current ad	ldress	Years	Months	Employment s	tatus		
Previous addres	ss (if less than 5	years at curi	ent address)	Full time	Part time [	]	Contractor
		T		Specify contract	end date /	/	
Suburb		State	Postcode	Payroll Freque	ncy		
Time at current ad	ldress	Years	Months	Monthly	Fortnightly	Weekly	Irregular 🗌
Home phone nu	umber	Mobile numl	per	Previous empl	over's name		
( )					years with curre	nt employer)	1
Current residen	tial status	<u> </u>					
Own home outright	Buying/ Mortgage	Renting	Board 🗌	Previous empl	oyer's address		
If			-11				
If renting, buyin Name of landlo	-		ollowing details:	Suburb		State	Postcode
Traine of tandlo	ra/agent/mort	.gagee			ion		
Phone number				Previous positi	1011		
( )				Time with	vious employer	Cross sele	(nor on a)

Months \$

### **LIABILITIES STATEMENT (WHAT YOU OWE)**

PROPERTY INFORMATION (Residential and Investment)

Card/Plan type	Name of Financial Institution	Property Value	Redraw/Offs t Available	Current Balance Owing	Monthly Rental Income	Total Monthly Repayment
Residential Home		\$	\$	\$	N/A	\$
Investment Properties (all)		\$	\$	\$	\$	\$

#### RENT/BOARD/EMPLOYER ACCOMMODATION

Type of Accommodation	Name of Provider	Your Household Monthly Repayment	
		\$	

#### PERSONAL LOAN/CREDIT CARD INCLUDING STORE CARD/INTEREST FREE PAYMENT PLANS/BUY NOW PAY LATER

Finance Type	Name of Financial Institution or Provider	Credit Limit	Balance owing	Total Monthly Repayment
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

### **EXISTING CAR LOANS/NOVATED LEASES**

Car Registration or Contract Number	Name of Financial Institution or Provider	Replacing?	Car Value	Original Loan Amount	Balance owing	Total Monthly Repayment
		Yes No	\$	\$	\$	\$
		Yes No	\$	\$	\$	\$

HOUSEHOLD ASSET STATEM	<b>1ENT</b> (WHAT YOU OWN)
Savings/cash	\$
Residence	\$
Investment property(ies)	\$
Furniture/Fittings	\$
Motor vehicle(s) No.	\$
Personal effe ts, jewellery, etc	. \$
Shares/Crypto	\$
Other	\$
Total	\$

HOUSEHOLD MONTHLY EXPE	NSES
Total monthly living expenses (e.g. food, gas, electricity, phone)	\$ pm

MONTHLY	INCOME DETAILS	
Gross inco	ome	\$ pm
Net Incom	e (after tax)	\$ pm
Other		\$ pm
income		\$ pm
Spousal II	ncome (after tax)	\$ pm

Evidence of spousal income may be required to support application

FORESEEABLE CHANGES CH	ECK		
Are there any foreseeable ch that will impact your ability t	anges to your circumstances o service your lease?	Yes	No
If yes, please provide details (If blank we assume No)			

## DECLARATION AND AUTHORISATION BY CREDIT APPLICANT

The Applicant warrants that:

- 1. to the best of their knowledge, the information above is true and correct; and
- 2. they are not an undischarged bankrupt.

The Applicant authorises and directs that any credit provided to the Applicant in accordance with this Application be applied in payment for the vehicle described above.

### Signed by

X	
Pate signed	Print name

# Please return the completed form to: novatedsales@tfal.com.au

1300 888 872 toyotafleetmanagement.com.au