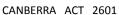
## APPLICATION FOR LOAN

Return to: Anglican Investment & Development Fund

GPO Box 1243





Existing AI	DF account holder?	Υ	N							
		If no, please provide	certified copy of ph	noto ID						
I/We apply	y for a loan of	\$		loan term (Max 5 years f	years	]				
For the pu	rpose of									
In support	of my/our application	I/we provide the follow	wing information (if	ioint give details f	or both parties):-					
		i, we provide the rollov		Joint give details i	or both parties,					
APPLICAN	T'S FULL NAME(S)									
1)		DOB								
2)				DOB						
				БОВ						
HOME AD	DRESS									
TELEPHON	<b>I</b> E									
		_				1				
1)	(H)	(W)		(M)		]				
2)	(H)	(W)		(M)		]				
	,					J				
EMAIL										
1)										
					_					
2)					_					
		FINANCIA	AL INFORMATION							
1)	Occupation					]				
,	Employer					1				
	Gross Annual Salary				\$	1				
	Other Income		\$							
	Other Income		\$							
	Total Gross Annual In	come	\$							
	After tax amount	Annual \$	F/N \$	monthly	\$	(A)				
2)						1				
2)	Occupation									
	Employer		4	+						
	Gross Annual Salary		\$	1						
	Other Income		\$	1						
	Other Income		\$	1						
	Total Gross Annual In		5/0.0		\$	<del> </del>				
	After tax amount	Annual \$	F/N \$	monthly	\$	(B)				

## APPLICATION FOR LOAN

## **ASSETS**

	Real Estate:	(please provide address)									
					value	\$					
					value	\$					
					value	\$					
	Savings or Deposit Accounts: (please provide name of financial institution)										
	Savings of L	peposit Accounts. (piease	provide name of finar	iciai institution)	balance	\$					
					balance	\$					
					balance	\$					
			balance	7							
	Other: (e.g. h	ousehold contents, car)	value	\$							
					value	\$					
					value	\$					
					value	Ş					
	Super: (please	provide name of fund)				l.					
				\$							
						\$					
	Do you have	e life insurance?	Y N		Amount	\$	1				
LIABILITIES				_			-				
			D-	la cara a contra a		Danasanta					
	Home Loan	S (please provide name of finan		lance owing		Repayments	NA C				
			\$ \$			F/N \$	M \$				
			ļγ			F/N \$	ΙΝΙ Ş				
	Personal Lo	ans (please provide name of fi	nancila institution) Ba	alance Owing		Repayments					
			\$			F/N \$	M \$				
			\$			F/N \$	M \$				
			\$			F/N \$	M \$				
	Credit/Store	e Cards (please provide name	Repaymnets								
		\$				F/N \$	М\$				
			\$			F/N \$	М\$				
			\$			F/N \$	М\$				
					TOTAL (C)		M \$				
LIVING EXF		fortnightly		onthly	1						
	Rent	\$	\$								
	Insurance	\$	\$								
	Utilities	\$	\$								
	Phone	\$	\$								
	Rates	\$	\$								
	Education	\$	\$								
	Medical	\$	\$								
	Food	\$	\$								
	Clothing	\$	\$								
	Other	\$	\$		(5)						
	Total	\$	\$		(D)						
	AVAILABLE FUNDS (A+B-C-D) F/N \$ Monthly \$										
	By signing b	elow I/we declare that thorise the AIDF to ver	all the informat	ion provided in this a	application	is true and correct					
	1)						]				
	2)						7				