

Auto Finance Direct – Customer Application Form

Loan Details

Cash Price	\$	Term 12 months – 60 months	
Deposit/Trade in Amount	\$	Repayment Frequency Weekly, Fortnightly, Monthly	
Dealer Extras Additional Accessories	\$		
AFD Waiver Retail or Lifestyle	\$	Would you like to know more about AFD Waivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Insurance Products* MBI/ LPI/ PPI/CCI	\$	<i>Refer to page 5 for more detail</i>	

Applicant Detail – Main Borrower

First Name(s)		Last Name	
Date of Birth DD/MM/YY	____/____/____	Gender	
Marital Status		No. of Dependents	
Residency Status	<input type="checkbox"/> NZ Citizen <input type="checkbox"/> Visa Holder	Visa Type <i>Must be provided</i>	
		Arrival Date into NZ	____/____/____
Driver License Origin Country		Driver License Type i.e. NZ Full/Restricted	
Driver License Number		Driver License Version Number	

Employment Details

Employer Name			
Occupation		Employment Type i.e. Full Time, Part Time	
Years at current job	<i>If less than 2 years, please complete the 'previous' section below. If not – move on to page 2.</i>		
Previous Employer's Name			
Previous Occupation		Previous Employment Type	
Years at previous job			

Contact Details

Mobile No.		Home Phone	
Email Address			
Address			
No. of years at this address			
Next of Kin 1		Relationship	
Contact Number			
Next of Kin 2		Relationship	
Contact Number			

Income Details

Employment Income Wages/Salary	\$	Income Frequency Weekly/Fortnightly/Monthly	
Other Income WINZ/IRD/Other	\$	Other Income Frequency	

Expenses

Rent or Board	\$	Payment Frequency Weekly/Fortnightly/Monthly	
Mortgage Repayments	\$	Payment Frequency Weekly/Fortnightly/Monthly	
Other Loan Repayments	\$	Payment Frequency Weekly/Fortnightly/Monthly	
Credit Card Limit(s)	\$	Payment Frequency Weekly/Fortnightly/Monthly	
Other Regular Expenses	\$	Payment Frequency Weekly/Fortnightly/Monthly	

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Applicant Detail – Co Borrower

First Name(s)		Last Name	
Date of Birth DD/MM/YYYY	____/____/____	Gender	
Marital Status		No. of Dependents	
Residency Status	NZ Citizen Visa Holder	Visa Type <i>Must be provided</i>	
		Arrival Date into NZ	____/____/____
Driver License Origin Country		Driver License Type i.e. NZ Full/Restricted	
Driver License Number		Driver License Version Number	

Employment Details

Employer Name			
Occupation		Employment Type i.e. Full Time, Part Time	
Years at current job	<i>If less than 2 years, please complete the 'previous' section below. If not – move on to page 2.</i>		
Previous Employer's Name			
Previous Occupation		Previous Employment Type	
Years at previous job			

Contact Details

Mobile No.		Home Phone	
Email Address			
Address			
No. of years at this address			
Next of Kin 1		Relationship	
Contact Number			
Next of Kin 2		Relationship	
Contact Number			

Income Details

Employment Income Wages/Salary	\$	Income Frequency Weekly/Fortnightly/Monthly	
Other Income WINZ/IRD/Other	\$	Other Income Frequency	

Expenses

Rent or Board	\$	Payment Frequency Weekly/Fortnightly/Monthly	
Mortgage Repayments	\$	Payment Frequency Weekly/Fortnightly/Monthly	
Other Loan Repayments	\$	Payment Frequency Weekly/Fortnightly/Monthly	
Credit Card Limit(s)	\$	Payment Frequency Weekly/Fortnightly/Monthly	
Other Regular Expenses	\$	Payment Frequency Weekly/Fortnightly/Monthly	

Security Details

Make		Model	
Description		Year	
Rego/VIN		Current KMs	

Purchasing from

Additional Insurance Products

*Tick the boxes if **Additional Insurance Products** are to be included in this application.

Please ensure these have been fully explained to you and suit your individual needs.

- | | | |
|--|---|---|
| <input type="checkbox"/> AFD Retail Waiver | <input type="checkbox"/> AFD Lifestyle Waiver | <input type="checkbox"/> Mechanical Breakdown Insurance (MBI) |
| <input type="checkbox"/> Loan Protection Insurance (LPI) | <input type="checkbox"/> Payment Protection Insurance (PPI) | <input type="checkbox"/> Consumer Credit Insurance (CCI) |

Declaration

I/We warrant that the information provided above is true and correct and I/we acknowledge it will be relied upon by AFD in evaluating whether or not to accept my/our finance.

Privacy Declaration & Authorisation for the collection, Use & Disclosure of Information I/We understand and authorize that: The information received from me/us will be securely held by the introducing Dealer and Auto Finance Direct Limited ("AFD"). I/we may access and correct this information under the Privacy Act 2020. The information may be used by AFD and/or the Dealer to: consider my/our application for a credit account; administer, manage and monitor any credit account provided to me/us; conduct market research, data processing and statistical analysis; and generally do business with me/us. AFD and/or the Dealer may disclose information about me/us to its agents, contractors and/or to credit reference agencies for the purpose of obtaining a credit report on me/us. Those credit reference agencies may retain that information and provide it to their customers who use their credit reporting services. AFD and the Dealer may each obtain information and make such enquiries about me/us as each of them considers is warranted from any source including, but not limited to, employers, other credit providers, government departments, relatives, and credit reference agencies for the above purposes.

Current indicative quotation is subject to Auto Finance Direct Limited's lending criteria. Interest rate is subject to change based on result of full loan assessment.

Signed (Main Borrower)

Name

Date

Signed (Co-Borrower)

Name

Date

Please return the completed and signed application form to lendingssupport@autofinancedirect.co.nz

Email this form »