

- **P** 0800 DIXONJ/0800 349665
- **M** +6421 552 787
- **E** jonny@dixonmortgages.co.nz

Level 1 U3/159 Cranford St St Albans, ChCh

dixonmortgages.co.nz

LOAN APPLICATION CHECKLIST

In order for us to process your application quickly and efficiently, please use this Checklist to ensure we have the correct information - this will also help achieve the best outcome from the lender for you.

I acknowledge that as part of the loan process, insurance requirements will be discussed
Please return the following completed and signed documents:
1. Tony Mounce Mortgages & Insurance Application Form – please complete and sign
2. Customer Declaration and Authorisation – please read and sign
3. Terms of Engagement – please read and sign
4. Insurance Questionnaire and Acknowledgement – please complete and sign
5. Disclosure Statement – please read and retain for your records
Please provide the following information:
6. Bank Statements – latest three months statements from all accounts in the same format as a posted statement
7. Bank Statements – latest three bank statements for business account if self employed
8. Proof of Income – three most recent, consecutive payslips for salary/wages
9. Proof of Income – last two years of financial statements and IR3's if self-employed
10. Loan Statements – last six months loan statements
11. Proof of Address – utility bill, rates bill, insurance bill etc. dated within the last three months
12. Proof of Identity – two forms of photo ID for each applicant (Inc. residency status) e.g. drivers licence, passport
13. Proof of Deposit – E.g. KiwiSaver, Home Start Grant, savings, gifting certificate
Please provide the following information if available and/or required:
14. Sale and Purchase Agreement
15. Registered Valuation
16. Tenancy Agreements and/or Rental Assessments
17. Family Trust Deed
18. EQC Scope of Works – if security property is in Christchurch, plus builder's sign off for repairs completed
19. Proof of Comprehensive Insurance on property/ies being offered as security
20. Building Contract, Builder's Risk Insurance, Building Consent



YOUR OBLIGATIONS

Any advice or product implementation provided as a result of this needs analysis can only be as good as the information received from you so I ask that you provide me with the information I request. Without relevant and correct information about your personal and financial situation I run the risk of giving advice that is not appropriate for your needs. If you are unsure as to why I need certain information please ask so that I can explain.

PRIVACY ACT

- 1. It is understood that any information gathered for this needs analysis is personal and I undertake to keep this information confidential and secure.
- 2. The Privacy Act 1993 gives you the right to request access to and correction of your personal information.
- 3. Information provided by you and or any authorised agent will be used by me and any members of my staff for the purpose of providing advice to you and may also be used by any:
 - a) product or service provider when implementing any of my/our recommendations or variations thereof;
 - b) compliance advisers, assessors or by any claims investigators who may need access to such information; and
 - c) other professionals such as solicitors, accountants, finance brokers, financial planners when such services are required to complement this advice and as requested by you.
- 4. The information will be held by Dixon Mortgages Limited at: Level 1 U3/159 Cranford St, St Albans, Christchurch

SCOPE OF SERVICE AND ENGAGEMENT

Mortgage Advice

You have engaged my services to assist with home or business funding, and in return I will provide you with advice in this area.

Insurance

As part of our service to you, it is important that a full risk review is conducted to assess your current requirements and identify any gaps. In signing this agreement you acknowledge that you are happy for our Risk Specialist to contact you for an obligation free assessment.

Acknowledgements

As your Adviser, I may be required to evidence that I have explained specific requirements or obligations and provided certain information to you. Can you please acknowledge by signing below that these requirements have taken place.

Disclosure Statement

I / We acknowledge that I / we have received a Disclosure Statement from the adviser named in this document.

This document was current and dated November 2019 – Version 1

Provision of Information

I / We acknowledge the advantages of undertaking a full suitability (needs) analysis and the need to provide relevant personal and financial information and by not doing so I / we risk receiving advice or product recommendations that may not be appropriate to my / our needs.

Privacy Act

I / We acknowledge I / we have read and understood the information relating to the Privacy Act 1993 and how this information may be used.

Adviser Remuneration

I / We acknowledge I / we have had the basis of adviser remuneration explained and I / we agree to the option indicated on the previous page.

Insurance

I / We acknowledge that I / we am / are happy for your Insurance adviser to contact me / us for an obligation free assessment on my / our current insurance situation.



ACKNOWLEDGEMENTS

- Adviser Copy

ACKNOWLEDGEMENTS

As your Adviser, I may be required to evidence that I have explained specific requirements or obligations and provided certain information to you. Can you please acknowledge by signing below that these requirements have taken place?

DISCLOSURE STATEMENT I / We acknowledge that I / we have received a Disclosure Statement from the adviser named in this document. This document was current and dated November 2019 – Version 1.
PROVISION OF INFORMATION I / We acknowledge the advantages of undertaking a full suitability (needs) analysis and the need to provide relevant personal and financial information and by not doing so I / we risk receiving advice or product recommendations that may not be appropriate to my / our needs.
PRIVACY ACT I / We acknowledge I / we have read and understood the information relating to the Privacy Act 1993 and how this information may be used. Adviser Remuneration I / We acknowledge I / we have had the basis of adviser remuneration explained and I / we agree to the option indicated on the previous page. Insurance I / We acknowledge that I / we am / are happy for your Insurance adviser to contact me / us for an obligation free assessment on my / our current insurance situation.
Applicant Signature:Applicant Name:
Joint Applicant Signature: Joint Applicant Name: Date: