

statement of position

Lock Finance Limited
Walker Wayland Centre
Level 5, 53 Fort Street
Auckland 1010
PO Box 106054
Auckland 1143, New Zealand

Tel. +64 9 375 8500
Fax. +64 9 375 8529
Freephone
0800 ASK LOCK
(0800 275 562)
www.lockfinance.co.nz

1 statement of assets and liabilities of:

Full Name	<input type="text"/>	Date of birth	DAY <input type="text"/>	MONTH <input type="text"/>	YEAR <input type="text"/>	
Address	<input type="text"/>				Postcode	<input type="text"/>
Full Name	<input type="text"/>	Date of birth	DAY <input type="text"/>	MONTH <input type="text"/>	YEAR <input type="text"/>	
Address	<input type="text"/>				Postcode	<input type="text"/>

ASSETS	VALUE \$	LIABILITIES	VALUE \$
Residence situated at		Mortgages over property at	
In whose name(s)		Mortgagee	
Other property situated at		Mortgages over property at	
In whose name(s)		Mortgagee	
Public company shares		Bank overdraft	
		Name of bank	
Cash at bank			
Insurance policies		Credit card (limit \$)	
Face value		Hire purchase	
Surrender value			
Other major assets (please specify)		Other liabilities (please specify)	
Total		Total	

Please give details of all guarantees given:

Declaration I/we certify that I am not/neither of us is nor ever has been an undischarged bankrupt or liable under any proceedings under the Insolvency Act 1967 and its amendments. We consent to disclosure of details for credit reference purposes and for the purpose of arranging finance under the Privacy Act 1993. I/we understand that I/we can access and correct if necessary personal information held concerning me/us.

I/we certify that the above is a full and true statement of my/our assets and liabilities as at

Date / /

Signatures

<input type="text"/>	<input type="text"/>
----------------------	----------------------