

## Loan Application - Employment Income Verification Form

| Employers / Company   | Full Name       |                 |                 |      |           |          |  |  |
|---|-----------------|-----------------|-----------------|------|-----------|----------|--|--|
| Employer Full Address   | 5               |                 |                 |      |           |          |  |  |
| Employer Telephone I  | Number          |                 |                 |      |           |          |  |  |
| Employee / Applicant  | Full Name       |                 |                 |      |           |          |  |  |
| Employees Position  |                 |                 |                 |      |           |          |  |  |
| What date did the employee commence work?   |                 |                 |                 |      |           |          |  |  |
| EMPLOYMENT TYPE   |                 |                 |                 |      |           |          |  |  |
| Permanent Full Time   |                 | Permanent P     | art Time        | Casu | al Worker |          | Commission Only                                      |  |
| Is the employee on probation / trial period ?   |                 |                 |                 |      |           |          | No   |  |
| Please state the employ field below.  Income (after tax)  | vee's regular b | ase monthly inc | ome after taxat |      |           | employee | employee regularly ear<br>paid?<br>Other (please sta |  |
| Base Monthly Pay  |                 |                 |                 |      |           |          |  |  |
| Commission  |                 |                 |                 |      |           |          |  |  |
| Regular Bonus   |                 |                 |                 |      |           |          |  |  |
| Regular Overtime  |                 |                 |                 |      |           |          |  |  |
| Allowances  |                 |                 |                 |      |           |          |  |  |
| EMPLOYER CERT   | IFICATION       |                 |                 |      |           |          |  |  |
| I confirm that I am authorised to make this certification and I am not aware of any factors that is likely to adversely affect the employee's future employment and I understand that you are relying on this declaration to help us determine whether we will agree to make a loan available to the employee. I declare that I do not have any conflict of interest in providing this certification. |                 |                 |                 |      |           |          |  |  |
| Signature of Authorised<br>Company Representative   |                 |                 |                 |      |           | Date     |  |  |
| Name of Authorised Company Representative   |                 |                 |                 |      |           |          |  |  |
| Position/ Title of Authorised Company Representative  |                 |                 |                 |      |           |          |  |  |