

**CURRENT DETAILS**

**Nominated Borrower(s)**

**Property**

**Loan Number**

**Current Variable Interest Rate**

**DRAW REQUEST**

I/We would like to request an advance (minimum amount of \$2,500) from my/our existing Cash Reserve facility of \_\_\_\_\_  
I/We are aware that the applicable Fee of \$60 will be deducted at settlement from the amount required.

Funds required for: \_\_\_\_\_

Amount Required: \_\_\_\_\_ Date Required: \_\_\_\_\_

Please pay this sum to the following bank account:

Account Name: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch & BSB: \_\_\_\_\_

Account No: \_\_\_\_\_

**UNLESS ALREADY HELD, A COPY OF A CURRENT BANK STATEMENT IS REQUIRED TO SUPPORT YOUR NOMINATED BANK DETAILS FOR CREDITING OF THE FUNDS REQUESTED**

**PROPERTY DETAILS**

I/we confirm the following statements are true and correct as at the date of signing this form.

The above property is in good condition and is not in need of any major repairs Yes  No

There has been major change or damage to either house or land Yes  No

The above property is currently insured with all policy premiums paid up to date Yes  No

All council rates are paid up to date and there are no caveats listed on the property Yes  No

**DECLARATION**

By signing this form, I/we declare and acknowledge that:

- All information provided is true and accurate
- This request has been made and the form signed voluntarily
- I/We have read and understand this form and how it affects my/our obligations to ASF Custodians Pty Ltd
- ASF Custodians Pty Ltd is relying on the information provided
- I/We are not in default under my/our loan agreement with our mortgage to ASF Custodians Pty Ltd
- In considering whether to accept or grant my/our request, ASF Custodians Pty Ltd may, in its absolute discretion, require further information from me/us
- ASF Custodians Pty Ltd is under no obligation to accept or grant my/our request for an advance from my/our existing Cash Reserve facility

**ASF CUSTODIANS PTY LTD**

Level 9, 63 Exhibition Street, Melbourne // PO Box 18134, Collins Street East, Vic 8003

Tel 1300 889 338 // Fax 03 9661 0909 // enquiries@seniorsfinance.com.au

AUSTRALIAN CREDIT LICENCE NUMBER: 386781 // ACN 106 822 780

**SIGNING INSTRUCTIONS**

This form **must** be signed by all applicants in the presence of an acceptable witness who must sign and print their details below. Refer below for list of acceptable witnesses.

The witness must sight a copy of your identification to confirm you are the person signing. This requirement is designed to protect your interests.

*Acceptable Witnesses:*

Witnesses **must** meet the following requirements:

- Be aged 20 years or over
- On the electoral roll
- **Not** be a relative, spouse, de facto partner, partner or person who lives at the same address as you or any of the applicants/borrowers
- **Not** be a person who has any interest in the proceeds of the advance.

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<b><u>SIGNED BY NOMINATED BORROWER :</u></b>	<u>Signed in the presence of:</u>
Name: _____	Witness Signature: _____
Signature: _____	Witness Name: _____
Date: _____	Witness Occupation: _____
	Witness Address: _____

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<b><u>SIGNED BY NOMINATED BORROWER :</u></b>	<u>Signed in the presence of:</u>
Name: _____	Witness Signature: _____
Signature: _____	Witness Name: _____
Date: _____	Witness Occupation: _____
	Witness Address: _____

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<b><u>SIGNED BY OTHER OWNER :</u></b> (If Applicable)	<u>Signed in the presence of:</u>
Name: _____	Witness Signature: _____
Signature: _____	Witness Name: _____
Date: _____	Witness Occupation: _____
	Witness Address: _____

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