

Supplementary Mortgage Questionnaire



Reply Paid 313
Royal Exchange NSW 1224
Phone: 1300 426 728
Fax: 02 9237 6755
Email: loans@quaycu.com.au

ACN 087 649 723
Australian Credit Licence 236856

Member number Daytime contact number

Member name(s)

Loan amount \$

Application date / /

Purchase Refinance

Purchase price or estimated value \$

Security address
Street number and name

Suburb State Postcode

Nearest cross street

Certificate of title details
Lot, volume, folio, DP, SP, etc

Currently occupied by Owners Tenants Vacant

Contact for access to property

Name

Contact number

Your solicitor's details

Name Street number and name

Contact number Suburb

Fax number State Postcode

I/we authorise Quay Credit Union to obtain a licenced valuation and to debit my/our loan account for the associated fee.

Member 1
Signature Date
/ /

Member 2
Signature Date
/ /

This authority must be signed in accordance with the Membership signing authority.

Credit Union Staff will complete this section

Member 1 sig verified Valuation ordered
Member 2 sig verified

Completed by
Date / /
Reviewed by