

Application Number 3004143117284

Applicant - Personal Details

| | |
|-----------------------|----------------------------|
| Title | Ms |
| First Name | Samira |
| Middle Name | |
| Last Name | Gholamzadeh |
| Date Of Birth | 21/09/1978 |
| Gender | Female |
| RelationshipStatus | Single |
| Number of Dependents | 0 |
| Driver Licence Number | 15912454 |
| Residential Status | Own a home with a mortgage |

Applicant - Contact Information

| | |
|-----------------------|------------------------------|
| Mobile Number | 0436145367 |
| Home Number Area Code | |
| Home Number | |
| Work Number Area Code | |
| Work Number | |
| Email Address | samira_gholamzadeh@yahoo.com |

Applicant - Residential Address

Unit Number 702

House Number 1

Property Name

Street Name pretoria

Street Type Pde

City hornsby

State NSW

Postcode 2077

Applicant - Postal Address

Unit Number 702

House Number 1

Property Name

Street Name pretoria

Street Type Pde

City hornsby

State NSW

Postcode 2077

Applicant - Previous Residential Address

Unit Number

House Number

Property Name

Street Name

Street Type

City

State

Postcode

Applicant - Time At Current Address

Years 4

Months 0

Applicant - Time At Previous Address

Years

Months

Applicant - Budget Details

Applicant - Income

Income Type My permanent - part time job

Income Amount 1918.00

Income Interval Fortnight

Occupation Hospital

Employer Name Shore administrative

Employer Contact Phone Area Code 02

Employer Contact Phone Number 99531124

Time With Current Employer: Years 1

Time With Current Employer: Months 0

Applicant - Income

Income Type My permanent - full time job

Income Amount 1354.00

Income Interval Fortnight

Occupation Hospital

Employer Name centennial smiles

Employer Contact Phone Area Code 02

Employer Contact Phone Number 93981388

Time With Current Employer: Years 1

Time With Current Employer: Months 0

Applicant - Income

Income Type My permanent - full time job

Income Amount 524.00

Income Interval Week

Occupation Hospital

Employer Name Dental corporation

Employer Contact Phone Area Code 02

Employer Contact Phone Number 94224700

Time With Current Employer: Years 4

Time With Current Employer: Months 0

Employment Status Permanent (work over 20 hours per week)

Total Income 9360.00

Total Additional Income 5204.33

Residential Expenses

Rent Payment Amount

Rent Payment Amount Interval

Agent Or Landlord Name

Living Expenses

Do you pay all the expenses for your household? ☒

| | |
|--|-----------------------------------|
| Living Expense Category | Food, groceries and entertainment |
| Food, Groceries and Entertainment Amount | 380.00 |
| Food, Groceries and Entertainment Interval | Month |
| Living Expense Category | Insurance |
| Insurance Amount | 100.00 |
| Insurance Interval | Month |
| Living Expense Category | Utilities |
| Utilities Amount | 500.00 |
| Utilities Interval | Month |
| Living Expense Category | Transport |
| Transport Amount | 80.00 |
| Transport Interval | Month |
| Living Expense Category | Education and childcare |
| Education and Childcare Amount | 0.00 |
| Education and Childcare Interval | Month |
| Living Expense Category | Personal / Other |
| Personal/Other Amount | 120.00 |
| Personal/Other Interval | Month |
| Total Monthly Living Expenses | 1180.00 |
| Product Name | Latitude Personal Loan |

Loan Details

Total Loan Amount 25000.00

Applicant - Eligibility

I agree that a fixed term, fixed rate loan, including establishment fee and monthly account fee meets my needs. ☒

I have read and agree to the Privacy Policy ☒

I consent to receiving a copy of my loan contract (including the Financial Table), credit guide, direct debit agreement, and settlement documents electronically. ☒

We are required to check your identity before approving your application. We offer a service to check your identity online with a Credit Reporting Agency. Would you like us to attempt to verify your identity now in agreement with these terms? ☒

I consent to perform Electronic income verification by Latitude's service providers, including verifier. ☒

Loan Purposes Application Submit

Loan Purpose

Loan Purpose Amount 18000.00

Loan Purpose Travel

Loan Term 84

Loan Purpose

Loan Purpose Amount 7000.00

Loan Purpose Debt consolidation

Loan Term 84

Asset Details

Asset Detail

Asset Type Superannuation

Value 28000.00

Ownership Status Own outright

Vehicle Make

Vehicle Model

Year Of Manufacture

Asset Detail

Asset Type Furniture and household goods

Value 20000.00

Ownership Status Own outright

Vehicle Make

Vehicle Model

Year Of Manufacture

Asset Detail

Asset Type Other (boats etc)

Value 10000.00

Ownership Status Own outright

Vehicle Make

Vehicle Model

Year Of Manufacture

Asset Detail

Asset Type House

Value 630000.00

Ownership Status Owe money on

Vehicle Make

Vehicle Model

Year Of Manufacture

Debt Details

Debt Detail

Debt Category Personal loan

I want to Payout this Debt and Consolidate? ☒

Consolidate Debt/ Reduce Limit

Reduced Credit Limit (if reduce limit selected)

Financier Name Latitude Financial

Original Debt Amount 15000.00

Outstanding Balance Amount 7000.00

Repayment Amount 337.00

Repayment Interval Month

Debt Detail

Debt Category Mortgage

I want to Payout this Debt and Consolidate? ☐

Consolidate Debt/ Reduce Limit

Reduced Credit Limit (if reduce limit selected)

Financier Name Nab

Original Debt Amount 465000.00

Outstanding Balance Amount 425000.00

Repayment Amount 1200.00

Repayment Interval Month

Broker Details

Broker Id B-2947670

First Name Varun

Last Name Goyal

Account Name Quick Funding

Entity Name Advance Marketing Group Pty Ltd

Aggregator Account Name Connective Lender Services

Suburb Strathfield

State NSW

Post Code 2137

Phone Number 02 8218 2471

Mobile Number 0404 515 728

Fee 1650.00