

Confirmation of Cover(to be given to the insured)

This contract is complete and is binding on you and us from the time you sign it. You may cancel the contract in accordance with the Section in the Product Disclose Statement under the heading "Cooling Off Period". We may cancel the contract within 10 working days by notifying you at the address you have given us. The purchased price (if received by us) will be refunded to the person or company we received it from.

Insured's Details			
First Insured		Second Insured	
Title	MR.	Title	
First Name	JOHN	First Name	
Last Name	SMITH	Last Name	
Date of Birth	10/10/1970	Date of Birth	
Sex	MALE	Sex	
Telephone	4599999	Telephone	
Address	103 FAZIL RD ZARA NEW SOUTH WALES	Address	
Postcode	2484	Postcode	
Occupation	PROFESSIONAL/EXECUTIVE	Occupation	
Corporate Details			
Company Name	ABN Number		
Address	Registered for GST		Telephone
Loan Contract Details			
Financier	ANZ BANKING GROUP LTD	Date Contract Commenced	12/07/2012
Contract Number		Type of Contract	REGULATED
Regular Payments	\$ 1397.39 Monthly	Term of Contract	48
Amount Financed	\$ 46934.00	(For Death Premium Calculations Only - excluding CCI Premium)	
Residual/Balloon Amount	\$ 0.00		
Principal Amount	\$ 52136.18	(for Disablement and Involuntary Unemployment Premium calculations only)	
Vehicle Details			
Make	Alfa Romeo	Model	Sedan
Year	2011	Purchase Price	\$ 45000.00
Registration No.	334634634634	VIN No.	FHDFHDFHDFH
Comprehensive Insurer			
Cover Details			
Type of Cover	DEATH DISABLEMENT		
Period of Insurance	from 12/07/2012 to 12/07/2016		Single/Joint Private/Commercial
			Single Private
Premium Details			
Net Premium	\$ 4614.00	GST on Premium	\$ 340.73
75% Loading			
Stamp Duty	\$ 247.74	Total Premium	\$ 5202.47

This confirmation of cover is issued by
CREDIT OBJECTS PTY LIMITED ABN 53 080 385 107
on behalf of the underwriters
FLYING TECHS. LIMITED ABN No. 78 370 978 053 AFS Licence No. 27881
P.O. BOX 226 NUNAWADING VIC 3131
Ph 08 8359 6234 F (08) 8359 6234

Proposal and Policy Schedule

Please provide all information requested and answer all questions fully to enable us to process your policy.
If there is insufficient space provided for any detail please attach a separate sheet of paper.

Insured's Details			
First Insured		Second Insured	
Title	MR.	Title	
First Name	JOHN	First Name	
Last Name	SMITH	Last Name	
Date of Birth	10/10/1970	Date of Birth	
Sex	MALE	Sex	
Telephone	4599999	Telephone	
Address	103 FAZIL RD ZARA NEW SOUTH WALES	Address	
Postcode	2484	Postcode	
Occupation	PROFESSIONAL/EXECUTIVE	Occupation	

Corporate Details			
Company Name	ABN Number		
Address	Registered for GST	Telephone	

Loan Contract Details			
Financier	ANZ BANKING GROUP LTD	Date Contract Commenced	12/07/2012
Contract Number		Type of Contract	REGULATED
Regular Payments	\$ 1397.39 Monthly	Term of Contract	48
Amount Financed	\$ 46934.00	(For Death Premium Calculations Only - excluding CCI Premium)	
Residual/Balloon Amount	\$ 0.00		
Principal Amount	\$ 52136.18	(for Disablement and Involuntary Unemployment Premium calculations only)	

Vehicle Details			
Make	Alfa Romeo	Model	Sedan
Year	2011	Purchase Price	\$ 45000.00
Registration No.	334634634634	VIN No.	FHDFHDFHDFH
Comprehensive Insurer			

Cover Details			
Type of Cover	DEATH DISABLEMENT		
Period of Insurance	from 12/07/2012 to 12/07/2016	Single/Joint	Single
		Private/Commercial	Private

Premium Details			
Net Premium	\$ 4614.00	GST on Premium	\$ 340.73
75% Loading			
Stamp Duty	\$ 247.74	Total Premium	\$ 5202.47

Business Use Declaration			
I/We declare that the credit to be provided to me/us is to be applied wholly or predominantly for business or investment use.			
IMPORTANT you should not sign this declaration unless the loan is wholly or predominantly for business or investment purposes.			
By signing this declaration, you may lose your protection under the Consumer Credit Code.			
Signed by First Insured		Signed by Second Insured	
Date		Date	

Declaration by Insured Person(s)			
HEALTH: I/We understand that this policy does not provide cover for any claim which is the direct or indirect result of any pre-existing condition, illness or injury, or for any condition, illness or injury for which I have consulted a medical practitioner in the 12 months prior to the commencement of the policy.			
I/We have answered all questions truthfully and have not withheld any relevant information.			
I/We certify that any answers not in our own handwriting have been checked by me and are correct.			
I/We agree that the Proposal and Policy Schedule is the basis of the insurance contract.			
I/We have read and understand the PDS & Policy Document and agree to be bound by all conditions.			
I/We have continuously employed for the past six months.			
I/We have never had any insurance cancelled, altered, accepted on special conditions or declined.			
I/We agree to allow the administrator to obtain any relevant information from the financier or interested parties.			
Signed by First Insured		Signed by Second Insured	
Date		Date	

Agent Name: Springwood Pty Ltd	Agent No: 40005	ISN: AR5335
--------------------------------	-----------------	-------------

Generated: 12/07/2012 at 08:45 PM

CCI PDS

PDS Coming Soon.