

lease guarantee application (vehicle handback)

Important notices

Duty of disclosure

You must tell us

When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you or anyone else to be insured under the policy, and on what terms.

Who needs to tell us

It is important you understand you are answering our questions in this way for yourself and anyone else who you want to be covered by the policy.

If you do not tell us

If you do not answer our questions in this way, even by mistake, we may refuse to pay a claim, or cancel the policy, or both. If you answer the questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed. All questions must be answered in full. If there is insufficient space to fully answer any question, please attach a separate sheet of paper. If you are unsure how to answer any questions, please contact your insurance adviser.

Privacy

The information collected on this proposal form will be used to assess your request for insurance and to provide other insurance services in accordance with our privacy policy. Calliden authorises **nlc** to collect this information on Calliden's behalf and to use it for their purposes. In addition Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the proposal form in full, and in accordance with your duty of disclosure, Calliden may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 144, St Leonards NSW 1590

Proposed insured

Full name	Date of birth	/	/	<input type="radio"/> F	<input type="radio"/> M
Address					
					Postcode
Contact: Home ()	Business ()				
Fax ()	Email address				
Occupation					

Type of cover require - lease guarantee

Total amount financed \$	Lease commencement date	/	/
Lease maturity date	Monthly lease repayment \$	/	/

Continued overleaf

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Declaration

I declare that:

- I am at least 18 and not over 60 years of age
- I am and have been engaged in permanent full time employment for at least 25 hours per week for a period of at least 12 months
- I am not on notice that my employment has been terminated or that my employer is planning to decrease the number of employees
- the attached statements are true and correct (whether written in my hand or not) and that no information material to the insurance has been withheld.
- the information contained in this application is true and correct.

- I agree that any personal statements made together with other relevant documents shall form the basis of the contract of insurance with Calliden Insurance Limited (CIL).
- Before completing this application form, I/we have received, read and understood the Financial Services Guide, Product Disclosure Statement and Policy Wording.
- I understand that I cannot be required to buy this insurance.
- I consent to the disclosure of my personal information to Calliden and its related companies, whether in Australia or overseas, to my adviser (for the purposes of processing my application and administering my Policy), to Calliden contractors and third party service providers eg. medical practitioners and re-insurers, to my employer (for employee superannuation products), to **nlc** pty ltd, to mail houses (only Calliden mail) and to archive companies.

I acknowledge the premium cost of this policy will be paid by **nlc** pty ltd, and the amount of premium is included in the interest rate I am charged for my lease.

Please sign below

Signature of proposed insured

Full name

Date / /

Please return to

Via facsimile:

(03) 8699 7198

(coversheet not required)

Via mail:

nlc insurance

Locked Bag 4014

South Melbourne Victoria 3205