

Credit File Request

Fax to (02) 9475 4466

FULL NAME:	
DATE OF BIRTH:	
DRIVER'S LICENCE #:	
TWO FORMS OF ID:	DRIVER'S LICENCE / PASSPORT BIRTH CERT / PROOF OF AGE and DOC ISSUED BY AN OFFICIAL BODY INCL. YOUR NAME & ADDRESS
CURRENT RESIDENTIAL ADDRESS:	
PREVIOUS ADDRESSES:	
CURRENT EMPLOYER:	
NAME OF ORGANISATION WHICH YOU LAST APPLIED CREDIT:	
DAYTIME CONTACT#:	
SIGNATURE:	

Please send my Credit File via post to:
HOME LOAN EXPERTS, PO Box 3726 Rhodes NSW 2138