



# Personal Overdraft Application

## New or Increased Limit



**All applicants must be 18 years of age or over and Australian citizens or permanent residents. Please complete using block letters and a black pen.**

To apply, present completed form at any Commonwealth Bank branch.

### Bank use only

To Personal Loans Decision Cell Fax (02) 9841 7400

From Lodgement branch/centre

BSB

### Section 1 – Loan details

Name of the account the overdraft is to be linked to. If account is held by more than one party, all accounts holders must apply.

Account type

Smart Access  Complete Access  Streamline

Tick (✓) if overdraft is for personal purposes

Personal (personal overdrafts are not available for business purposes)

BSB

Account number

Limit required

### For temporary overdraft only

Terms (max. 2 months)

Source of repayment

### Section 2 – Acknowledgement

I've reviewed the features, costs and risks of this personal overdraft as set out in the document 'Important things to know about personal overdrafts', and confirm that it suits my needs.

The application cannot proceed until the tick box is completed.

### Section 3 – Personal and employment details, Applicant 1

Title  Mr  Mrs  Miss  Ms  Other  Gender  Male  Female

Full given name(s)

Surname

Other names known by (if any)

Date of birth

Number of dependents

Marital status  Married  De facto  Divorced  Single  Widowed

Contact details (Indicate preferred contact number by ticking (✓) box)

Home number

Work number

Mobile number

Driver's licence number

Email address

Current residential status

Home owner  Boarder – with parents  Other  Date moved in

Renting  Boarder – elsewhere

Residential address (PO Box is not acceptable)

State

Postcode

Postal address

State

Postcode

Previous address, if at current address less than 2 years (PO Box is not acceptable)

State

Postcode

**Section 3 – Personal and employment details, Applicant 1** (continued)

Employment status  Full-time  Part-time  Contractor  Other

Occupation (if not employed write situation e.g. unemployed, student etc.)

Employer/Business name

If self-employed, please provide ABN number

Contact number

 ( )

Commencement date

 DD/MM/YYYY
**Section 4 – Personal and employment details, Applicant 2**

Title  Mr  Mrs  Miss  Ms  Other  Gender  Male  Female

Full given name(s)

Surname

Other names known by (if any)

Date of birth

 DD/MM/YYYY

Number of dependents

Marital status  Married  De facto  Divorced  Single  Widowed

Contact details (Indicate preferred contact number by ticking (✓) box)

Home number

 ( ) 

Work number

 ( ) 

Mobile number

 

Driver's licence number

Email address

Current residential status

Home owner  Boarder – with parents  Other  Date moved in  DD/MM/YYYY

Renting  Boarder – elsewhere

Residential address (PO Box is not acceptable)

 State Postcode

Postal address

 State Postcode

Previous address, if at current address less than 2 years (PO Box is not acceptable)

 State Postcode

Employment status  Full-time  Part-time  Contractor  Other

Occupation (if not employed write situation e.g. unemployed, student etc.)

Employer/Business name

If self-employed, please provide ABN number

Contact number

 ( )

Commencement date

 DD/MM/YYYY
**Section 5 – Financial details, Applicant 1**

Assets	Value
Property	\$
Vehicles	\$
Household items (e.g. furniture, jewellery)	\$
Total savings held with Commonwealth Bank	\$
Total savings held with other financial institutions	\$
<b>Total assets</b>	<b>\$</b>

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**Section 5 – Financial details, Applicant 1 (continued)**

<b>Liabilities – Please provide details of credit/store cards, home loans and other personal debts (e.g. HECS/HELP, ATO, court ruled child maintenance debt)</b>			
<b>Card/loan/debt type</b>	<b>Card limit (as applicable)</b>	<b>Amount owing</b>	<b>Minimum monthly repayments</b>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total liabilities</b>			<b>\$</b>

<b>Income – Please provide gross monthly income details</b>	<b>Monthly income</b>
Gross income (income before tax)	\$
Social Security benefits	\$
Other gross income	\$
<b>Total gross income</b>	<b>\$</b>

<b>Expenses – Please provide monthly expenses details</b>	<b>Monthly expenses</b>
Rent/board/other accommodation (not including liabilities)	\$
Estimated other expenses (food, fuel, rates and regular expenses)	\$
<b>Total expenses</b>	<b>\$</b>

**Future changes**

Do you know of any future changes in your ability to make repayments without financial difficulty?

Yes  if 'yes' complete below  No

What kind of change are you expecting? (Tick (✓) one box)

Temporary decrease in income  Permanent decrease in income  Anticipated large expenditure

How will you continue to make repayments? (Choose the most applicable)

Securing additional income  Using savings  My application reflects these changes

Reducing expenditure  I will not be able to make the repayments without financial difficulty

**Section 6 – Financial details, Applicant 2**

<b>Assets</b>	<b>Value</b>
Property	\$
Vehicles	\$
Household items (e.g. furniture, jewellery)	\$
Total savings held with Commonwealth Bank	\$
Total savings held with other financial institutions	\$
<b>Total assets</b>	<b>\$</b>

<b>Liabilities – Please provide details of credit/store cards, home loans and other personal debts (e.g. HECS/HELP, ATO, court ruled child maintenance debt)</b>			
<b>Card/loan/debt type</b>	<b>Card limit (as applicable)</b>	<b>Amount owing</b>	<b>Minimum monthly repayments</b>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total liabilities</b>			<b>\$</b>

<b>Income – Please provide gross monthly income details</b>	<b>Monthly income</b>
Gross income (income before tax)	\$
Social Security benefits	\$
Other gross income	\$
<b>Total gross income</b>	<b>\$</b>

**Section 6 – Financial details, Applicant 2 (continued)**

<b>Expenses – Please provide monthly expenses details</b>	<b>Monthly expenses</b>
Rent/board/other accommodation (not including liabilities)	\$
Estimated other expenses (food, fuel, rates and regular expenses)	\$
<b>Total expenses</b>	<b>\$</b>

**Future changes**

Do you know of any future changes in your ability to make repayments without financial difficulty?

Yes  if 'yes' complete below  No

What kind of change are you expecting? (Tick (✓) one box)

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Securing additional income  Using savings  My application reflects these changes

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**Section 7 – Declaration**

Applicant 1

Date

Applicant 2 (if applicable)

Date

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Thank you for completing this form