



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.

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

 month(s)

Section 2 – 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

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

 ()

 / /

Section 3 – 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 / / 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

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 / /

Section 4 – 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	\$
Total assets	\$

Liabilities – Please provide details of credit/store cards, home loans and other personal debts			
Card/loan type	Card limit	Amount owing	Minimum monthly repayments
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total liabilities			\$

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

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

Section 5 – Financial details, Applicant 2

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

Liabilities – Please provide details of credit/store cards, home loans and other personal debts			
Card/loan type	Card limit	Amount owing	Minimum monthly repayments
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total liabilities			\$

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

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

Section 6 – Declaration

Applicant 1

Date

Applicant 2 (if applicable)

Date