

PERSONAL STATEMENT OF FINANCIAL POSITION AT / / 20__

PERSONAL INFORMATION:	
Full Name:	Date of Birth:
Occupation:	Business Ph: Home Ph:
Full Address:	

FINANCIAL INFORMATION:			
LIABILITIES			ASSETS
Overdraft (Name of Lender):	Limit \$	Amount Owing \$	Owner's estimated market value \$
Interest accrued	Due Date / /	\$	Cash on Hand
Rates/Rents	Due Date / /	\$	Accounts (Bank, Credit Union etc)
Mortgages/Secured Home Loans			\$
1.Name of Lender:	Repay Amount: \$	\$	\$
Security provided/address:			Share Portfolio:
2.Name of Lender:	Repay Amount: \$	\$	Stock
Security provided/address:			No. of Shares @ \$
Unsecured Loans/Personal Loans			\$
1.Name of Lender:	Repay Amount: \$	\$	Stock
2.Name of Lender:	Repay Amount: \$	\$	@ \$
Lease/Hire Purchase			Real Estate:
1.Name of Lender:	Repay Amount: \$	\$	1.Address
Asset Purchased:			Purchase Price \$
2.Name of Lender:	Repay Amount: \$	\$	Purchase Date / /
Asset Purchased:			\$
Credit/Store Cards (include even if balance is nil)			2.Address
Card Type Issuer	Card Limit \$	\$	Purchase Price \$
	\$	\$	Purchase Date / /
	\$	\$	\$
TOTAL LIABILITIES		\$	Motor Vehicles
Contingent Liabilities (eg Personal guarantors)			(Insurer:)
			Make & Model
			Year of Manf
			\$
			Make & Model
			Year of Manf
			\$
			Other Assets
			\$
			\$
			Life Policies
			(Insurer:)
			Sum Insured: \$
			Annual Prem \$
			Surrender Value \$
			\$
			\$
			\$
			TOTAL ASSETS
			\$
			Superannuation (Est current payout)
			Fund Manager: \$
			Furniture & Household Effects
			(Insurer:) \$

DECLARATION:

I, the undersigned, after enquiry declare as follows:

- I am authorised to make this declaration.
- I acknowledge the information provided on this proposal is true, factual and correct and authorise inquiries by CBL Insurance Limited for the purpose of approving this application.

Signed & Dated by Applicant / / 20__

Signed & Dated by Joint Applicant / / 20__

Send this completed application form together with any relevant documentation to:
 CBL Insurance Ltd, Tower One, The Shortland Centre, 51 Shortland St, P O Box 3772, Auckland.
 Phone 09 303 4770, Fax 09 300 5046 Email inquiry@cblinsurance.com