

ALPHERA Financial Services

APPLICATION FOR FINANCE - COMPANY



Note: Interest rate quoted is based on the accuracy of the details entered below and subject to verification

Dealer:	Contact:	Product:
Primary Vehicle Usage:	Are you GST Registered, and is the principal purpose of your business making taxable supplies?	
Company Number:	NZBN:	Year Established:
Type of Business:	Corporation Type:	

Applicant

Company Full Name:		
Representative Name:	Representative Position:	
Email:	Mobile:	
Company Address Status:	Postal Address:	
Business Address:		Years at Business Address:
Registered Office Address:		Years at Registered Office Address:
Marketing / Survey Material:		
Are there any Nominee Directors / Shareholders?		
If yes, Nominee Directors / Shareholders Name:		
Accounting Firm Name:		Accounting Firm Contact Number:
Is the Applicant a Trust?	Trust Name:	

Beneficial Owners

First Name:	Middle Name:	Last Name:
DOB:	Full Residential Address:	
NZ Citizen:	Country of Citizenship:	
Are you or have you been a Politically Exposed Person, or are you associated with someone who is or was?		

First Name:	Middle Name:	Last Name:
DOB:	Full Residential Address:	
NZ Citizen:	Country of Citizenship:	
Are you or have you been a Politically Exposed Person, or are you associated with someone who is or was?		

First Name:	Middle Name:	Last Name:
DOB:	Full Residential Address:	
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