

## **Account Application Form**

## **Purpose of the Account Application Form**

This Account Application Form ("Form") has been provided to the Recipient for the purpose of the Recipient expressing their interest to Outlay Funding Services ("OFS") ("the Company") in relation to an outlay deferred fee facility ("facility") intended to be offered by the Company. This form does not constitute an offer to provide the Recipient with a facility.

The purpose of this Form is to:

- (i) Confirm the Recipient's interest in obtaining a facility with the Company;
- (ii) Determine the extent of the Facility required; and
- (iii) Use the information received to set the Company's account limit over the funding period.

#### **Confidential Information**

The Company acknowledges that the information provided by the Recipient to the Company is confidential. The Company undertakes to keep the information provided secure.

If the Recipient does not enter into a Facility Agreement with the Company, the Company and the Recipient undertake to destroy any confidential information that they may have provided to each other.

We have included a 100 Points of Identification Form for completion by all applicants and guarantors. OFS is required to identify our customers by using the 100 point check system.

OFS will complete Veda Credit and Company File Comprehensive + PPSR Search on the Business Name/Company where necessary.

OFS may need to complete a Veda Personal Commercial Credit Assessment. If this is necessary, we will seek your written consent before proceeding.

The Company will not allow the dissemination of the Recipient's confidential information without the prior written consent of an authorised representative of the Recipient unless:

- (i) It is required to do so by law; and/or
- (ii) The information is already or becomes available in the public domain through no act or omission of the Company.

## **Facility Agreement**

After the receipt of this Form from the Recipient the Company may in its absolute discretion decide to offer the Recipient a Facility. Upon the offer of a Facility to the Recipient by the Company, the Recipient will be provided with:

- (i) A letter of offer from the Company;
- (ii) A Contract;
- (iii) Any other information or documentation required to give efficacy to the Facility Agreement.

# Expression of Interest – Information [please complete all questions]

1.	What is the ABN of the borrowing entity?					
2.	What is the ABN of the main trading entity (if different from the borrowing entity)?					
3.	I/We undertake to provide a copy of the annual Balance Sheet to OFS as soon as it has					
	been completed. Yes/No					
4.	What is the estimated amount your firm will require as an Account Limit: \$					
5.	Is your practice incorporated?  Yes/No					
6.	How long has the practice been established?yearsmonths					
7.	Does your practice solely undertake personal injuries matters?  Yes/No					
8.	If you answered no to question 7, what percentage is Personal Injury?%					
9.	What was the practice's total expenditure on medico-legal reports in personal injurnatters over the past three years?					
10.	How many personal injury matters has the practice completed over the last three years?					
11.	How many completed personal injury matters have resulted in zero cost recovery for the practice over the last three years?					
12.	Have you or any member of your practice ever been convicted of any offence relating fraud or dishonesty?  Yes/No					
13.	Are you or any member of your practice currently the subject of any investigation relating to allegations of fraud or dishonesty?  Yes/No					
14.	Including yourself, is any principal member of your practice an undischarged bankrupt?					
	Yes/No					

Please complete the name of the person to be contacted by OFS:

15.

Name of Firm:					
Name of Contact:					
Phone number of Contact:					
Email address of Contact:					
I,, solicitor, hereby declare the					
contents of this form to be true and correct to the best of my knowledge.					
Cian a de					
Signed:					
Dated:					

## DIRECTOR/PARTNER FULL NAME .....

100 Points Identification	
Birth Certificate     Passport     Citizenship Certificate	70 points
Drivers Licence (full / probationary / learner)     Shooters Licence	40 points
Land Rates	35 points
Any card on which your name appears:     Medicare card     Credit Card (only 1 per institution)     Store Account card     Video Store Card     Library Card	25 points
Documents on which your name and address appear:     Car registration     Utility bill     Rental receipts	25 points

Please include copies of all documents certified by a Justice of the Peace.