



NATIONAL DENTAL CARE – SMILEFUND APPLICATION FORM

You must read and sign the Privacy Consent overleaf before completing your Dental Plan application

PERSONAL DETAILS

Title: _____ First Name: _____ Last Name: _____

Have you been known by any other name? Yes No Details: _____ Date of Birth: _____

No. of Dependants: _____ Residential Status: Board Mortgage Owner Rent Other _____

Current Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Time at current address: _____ Years _____ Months Is this also your mailing address? Yes No

Mailing Address (if different from current residential address): _____

Suburb: _____ State: _____ Postcode: _____

Previous Address (If less than 2 years at current address): _____

Suburb: _____ State: _____ Postcode: _____

Time at this address: _____ Years _____ Months Home Phone Number: _____

Mobile Number: _____ Email Address: _____

Mortgagee/Landlord Name: _____ Mortgagee/Landlord Contact Number: _____

IDENTIFICATION REQUIRED

Are you a citizen or permanent resident of Australia or New Zealand? Yes No

(N.B. SmileFund is only available for citizen or permanent resident of Australian or New Zealand.)

Photo ID No (Passport/Driver Licence/18+ Card): _____ State: _____ Copy attached (colour)

Medicare Card No: _____ Copy attached (colour)

EMPLOYMENT DETAILS

Occupation: _____

Number of years at current employment: _____ Years _____ Months Employers/Business Name: _____

Work Address: _____

Suburb: _____ State: _____ Postcode: _____

Employment Contact: _____ Business/Work Phone Number: _____

Three most recent pay slips attached

If self-employed YTD Draft Financials attached YTD BAS Returns attached

Accountant's name: _____ Phone No: _____

N.B. Additional information may be required depending on your circumstances

INCOME DETAILS

Income

Employment income (after tax): \$ _____ (month)
Other income (after tax): \$ _____ (month)
Other Income Source: _____
Total income (after tax): \$ _____ (month)

Expenses

Board/Rent payments (please indicate your share): \$ _____ (month)
Credit card/ store card payments \$ _____ (month)
Mortgage/Loan/ other debt payments \$ _____ (month)
Living Expenses (e.g. Groceries/school fees etc.) \$ _____ (month)

ASSETS

Bank Accounts / Term deposits (add up to three accounts):

Bank Account #1 Details

Type of Account: Savings Term Deposit Financial Institution: _____

Current Balance: \$ _____ Share of Ownership: _____ %

Bank Account #2 Details

Type of Account: Savings Term Deposit Financial Institution: _____

Current Balance: \$ _____ Share of Ownership: _____ %

Bank Account #3 Details

Type of Account: Savings Term Deposit Financial Institution: _____

Current Balance: \$ _____ Share of Ownership: _____ %

PROPERTY

Do you own any properties? Yes (provide details below) No

Is the property jointly held? Yes No If Yes, Share of Ownership: _____ % Estimated market value: \$ _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Is this your primary residence? Yes No

Is there a mortgage associated with this property? Yes (provide details under loans/mortgages below) No

Do you receive rental income from this property? Yes No Gross Rental Income Amount: \$ _____ (month)

OTHER ASSET #1

Do you own any other assets? Yes (provide details below) No

Is the asset jointly held? Yes No If Yes, Share of Ownership: _____ % Estimated market value: \$ _____

Description of other assets: _____

OTHER ASSETS #2

Do you own any other assets? Yes (provide details below) No

Is the asset jointly held? Yes No If Yes, Share of Ownership: _____ % Estimated market value: \$ _____

Description of other assets: _____

EXISTING DEBTS/COMMITMENTS

Debts/Commitment #1 Details:

Liability Type: Personal Loan Credit Card Store Card Mortgage Other (please indicate) _____

Institution: _____

Amount Owing: \$ _____ Credit Limit: \$ _____ Share of liability: _____ %

Debts/Commitment # 2 Details:

Liability Type: Personal Loan Credit Card Store Card Mortgage Other (please indicate) _____

Institution: _____

Amount Owing: \$ _____ Credit Limit: \$ _____ Share of liability: _____ %

Debts/Commitment # 3 Details:

Liability Type: Personal Loan Credit Card Store Card Mortgage Other (please indicate) _____

Institution: _____

Amount Owing: \$ _____ Credit Limit: \$ _____ Share of liability: _____ %

Debts/Commitment # 4 Details:

Liability Type: Personal Loan Credit Card Store Card Mortgage Other (please indicate) _____

Institution: _____

Amount Owing: \$ _____ Credit Limit: \$ _____ Share of liability: _____ %

DENTAL PLAN AMOUNT SOUGHT

Treating Dentist Name: _____

Total value of treatment: \$ _____ Treatment Plan Attached

Total amount covered by Health Fund: \$ _____ Health Fund Quote Attached

Net loan Amount SmileFund to Lend: \$ _____ (Total Treatment Value – Health Fund Rebate)

Repayment Term: 6 Months 12 Months 18 Months (Only available for loan value over \$5,000)

Repayment Frequency: Weekly Fortnightly Monthly

Please scan and email the completed signed application along with the supporting documentation to smilefund@nationaldentalcare.com.au or by visiting the practice.



PRIVACY CONSENT

PLEASE READ THE FOLLOWING IMPORTANT DETAILS BEFORE SUPPLYING
INFORMATION FOR YOUR DENTAL PLAN APPLICATION

1. The information NDC collects from you as part of your application may be shared with NDC related companies and service providers and may be used for account administration purposes, planning and product development.
2. Failure to provide the information required may result in NDC being unable to provide you with this product.
3. Proceeding with your application by supplying the merchant personal information will be deemed to be acceptance of these terms
4. For details of how you can get access to your personal information and for further privacy information including marketing, please read the privacy consent and acknowledgement form included in this documentation carefully.

By supplying the merchant with personal information, you give permission for NDC to:

- Check your personal and commercial credit files with a credit reporting agency.
- Give a credit reporting agency information about you including information that will identify you; that you have applied for credit and the amount; the NDC has supplied credit to you and any other information relevant to the operation of your credit facility.
- Exchange information with credit providers named in the credit report obtained from the credit reporting agency.
- Obtain information to verify your financial position from your account, if applicable.
- Disclose and receive from this merchant, named in your application, personal information about you in connection with your application for credit.

By supplying merchant with personal information, you agree to NDC's privacy consent and acknowledgement form included in your application.

I acknowledge that I have read this privacy consent information.

Name: _____

Signature: _____ Date: _____