



# 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

\* Any reductions in the amount the applicants health fund is willing to cover will be the responsibility of the applicant

Please scan and email the completed signed application along with the supporting documentation to [smilefund@nationaldentalcare.com.au](mailto:smilefund@nationaldentalcare.com.au) or by visiting the practice.



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## 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: \_\_\_\_\_