



# Lo doc loan customer declaration

## Application Details

Applicant 1 name:

Applicant 3 name:

Loan amount:

Applicant 2 name:

Applicant 4 name:

Repayment type:  Principal & Interest  Interest Only

In addition to the declaration in my **Lo Doc Standard Variable Rate** or **Lo Doc Smart Home Loan** application, I/we declare that (circle where appropriate):

- Applicant 1 / Applicant 2 / Applicant 3 / Applicant 4 are not self employed  
Applicant 1 / Applicant 2 / Applicant 3 / Applicant 4 are self employed as  (occupation).
- I/we have requested ING DIRECT not to require production of any documentary evidence of my income and assets. Accordingly, I/we understand that **ING DIRECT may not independently verify** the information in my application concerning income and assets.
- I/we have carefully considered my financial position and**, in accordance with your recommendation, have sought and obtained such financial and other **advice** as I/we consider appropriate in connection with the proposed loan.
- I/we am satisfied that I/we am able to meet the repayments** on the proposed loan, as well as all of my other financial obligations (including living expenses) **without hardship**.
- I/we am not relying on ING DIRECT reviewing my financial position** to make a decision about whether I/we can meet the repayment obligations on the proposed loan without hardship.
- I/we understand that **ING DIRECT will rely on these declarations** in considering my loan application, and, if approved, in providing me with credit under any resulting loan contract.

**I/we acknowledge that I/we have read and understood the above declarations:**

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Witness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of Witness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation of Witness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Witness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date (DD/MM/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>