



Accountant's Verification

Scenario Chat Hotline 1800 178 111 apply@firstfederal.com.au

Please complete one form for each individual applicant.

Accountant de	tails					
Accountant's name						
I am a member of	CA ANZ	CPA	IPA	Member #		
Firm name						
Address						
Email				Phone		
Client details						
Individual			Com	npany/Trust		
Name			Name	e		
Last tax return lodged (yr)			Last t lodge	ax return ed (yr)		
Declared pre-tax net income (individuals)				ired pre-tax net (company/trust)		
For the financial year			For th	e financial year		
Principal source of income (industry)			Princi incon	Principal source of income (industry)		
Any other information yo	na wish to provide.					
Declaration						
I/we certify to First Feder	al that:					
a. The information prov						
b. I/we am satisfied that all of their other oblig	it the client's financ jations (including liv	iai obligations ing expenses	s under this Firs as and when	t Federal loan will not adversely impact their abilit they fall due;	ty to meet	
c. I/we am not aware o proposed loan repay	f any current factor ments, or which mo	s, or likely cha y cause subs	inges in circum tantial hardsh	nstances, which may affect the client's ability to m ip;	ake the	
d. I/we am independen		•		•		
Signature						
Date						

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