

Client Summary

Client 1 name

Client 2 name

**Credit Representative
name**

Date completed

Personal Details

Client 1

Client 2

Title

Given name(s)

Surname

Preferred name

Previous name

Gender

Male Female

Male Female

Date of birth

Contact

Mobile phone

Home phone

Work phone

Email

Preferred contact method

Email Mobile
Home Work

Email Mobile
Home Work

Current residential address

Housing Status

Own Home Own Home -
 Mortgage
Renting With
 Parents Other

Own Home Own Home -
 Mortgage
Renting With
 Parents Other

Date moved in

Previous residential address

	Own Home	Own Home - Mortgage	Own Home	Own Home - Mortgage
Housing Status	Renting	With Parents	Renting	With Parents
		Other		Other
Date moved in	<input type="text"/>		<input type="text"/>	
Postal address	<input type="text"/>		<input type="text"/>	
Post Settlement Address	<input type="text"/>		<input type="text"/>	

	Own Home	Own Home - Mortgage	Own Home	Own Home - Mortgage
Housing Status	Renting	With Parents	Renting	With Parents
		Other		Other

Identification

Country of Residency	<input type="text"/>	<input type="text"/>
Country of Tax Residence	<input type="text"/>	<input type="text"/>
Citizenship of	<input type="text"/>	<input type="text"/>
Residential Status	Citizen Permanent Resident	Non Resident Permanent Resident
Drivers License Number	<input type="text"/>	<input type="text"/>
Drivers License Name	<input type="text"/>	<input type="text"/>
Drivers License State of Issue	<input type="text"/>	<input type="text"/>
Drivers License Expiry Date	<input type="text"/>	<input type="text"/>
Passport Number	<input type="text"/>	<input type="text"/>
Passport Name on Document	<input type="text"/>	<input type="text"/>

Passport Issue Country	<input type="text"/>	<input type="text"/>
Passport Issue Date	<input type="text"/>	<input type="text"/>
Passport Expiry	<input type="text"/>	<input type="text"/>

Family Relations

Marital status	<input type="text"/>		<input type="text"/>	
Spouse Name	<input type="text"/>		<input type="text"/>	
Mother's Maiden Name	<input type="text"/>		<input type="text"/>	
No. of Dependents	<input type="text"/>		<input type="text"/>	
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Next of Kin Name	<input type="text"/>		<input type="text"/>	
Next of Kin Relationship	<input type="text"/>		<input type="text"/>	
Next of Kin Phone	<input type="text"/>		<input type="text"/>	
Current residential address	<input type="text"/>		<input type="text"/>	

Employment Details

Employment Type	Salaried	Self-employed	Salaried	Self-employed
	Retired	Unemployed	Retired	Unemployed
	Student	Home Duties	Student	Home Duties
Employment Status	Primary	Secondary	Primary	Secondary
Employment Basis	Full-time	Part-time	Full-time	Part-time
	Casual	Contract	Casual	Contract

Role	<input type="text"/>	<input type="text"/>
Employer Name	<input type="text"/>	<input type="text"/>
Employer Contact Person	<input type="text"/>	<input type="text"/>
Employer Contact Phone	<input type="text"/>	<input type="text"/>
Employer's address	<input type="text"/>	<input type="text"/>
Date commenced	<input type="text"/>	<input type="text"/>

Previous Employment Details

	Salaried	Self-employed	Salaried	Self-employed
Employment Type	Retired	Unemployed	Retired	Unemployed
	Student	Home Duties	Student	Home Duties
Employment Status	Primary	Secondary	Primary	Secondary
Employment Basis	Full-time	Part-time	Full-time	Part-time
	Casual	Contract	Casual	Contract
Role	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Contact Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Contact Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer's address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Finished	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business

What is your business structure?

Sole trader

Partnership

Company

Trust

Other

Entity name / Trustee

ABN of Entity or Trust

ACN (if company)

Trust name (if applicable)

Trust type

Discretionary

Unit

Other

Trading name (if applicable)

Trading address

Directors, Partners,
Shareholders, beneficiaries
or unit holders.

Name	Position

Does the business have any borrowings? (If so please detail)

Income (pa)

Gross salary / wages

Dividends / interest

Rental income

Pension income

Centrelink income

Total income

Expenses (pa)

Total living expenses

Other:

Other:

Other:

Total expenses

Liabilities (b)

Home loans	Owner			Monthly repayments	Balance owing
	C 1	C 2	J		
	C 1	C 2	J		
	C 1	C 2	J		
	C 1	C 2	J		
	C 1	C 2	J		
Lines of Credit					
	C 1	C 2	J		
	C 1	C 2	J		
	C 1	C 2	J		
Car/ equipment loans					
<i>Expires:</i>	C 1	C 2	J		
<i>Expires:</i>	C 1	C 2	J		
<i>Expires:</i>	C 1	C 2	J		
Personal loans					
	C 1	C 2	J		
	C 1	C 2	J		
	C 1	C 2	J		
Credit/ Store cards					
<i>Limit: \$</i>	C 1	C 2	J		
<i>Limit: \$</i>	C 1	C 2	J		
<i>Limit: \$</i>	C 1	C 2	J		
<i>Limit: \$</i>	C 1	C 2	J		
Other loans					
	C 1	C 2	J		
	C 1	C 2	J		
	C 1	C 2	J		
Total liabilities					
Net worth					
Total financial assets (a)					
Total liabilities (b)					
Total net worth (a – b)					

Why did you come to see us?

So that we can best assist your needs, please help us in understanding your situation by telling us why you have come to see us and how you believe we can help you.

Your goals

What are the important things you would like to achieve?

Short term - within the next two years (e.g. holiday, purchases, renovations, savings, protect the family etc.)

Medium term – between 2 to 5 years’ time (e.g. repay mortgage, buy a new car, education expenses etc.)

Long term – more than 5 years away (e.g. be debt-free, financial independence, retirement goals etc.)

Specific financial goals (e.g. amount needed to save for a holiday, car, house or future income requirements etc.)

Goal	Time frame	Estimated cost

Any other issues you would like to discuss?

Your Finance Security

What is your level of financial experience?	C 1	C 2
	Low	Low
	Medium	Medium
	High	High
What is your level of concern about movements in interest rates?	C 1	C 2
If medium or high please provide comments:	Low	Low
	Medium	Medium
	High	High
How important is loan flexibility to you? (e.g. ability to redraw on additional repayments or to have an offset savings account against loan interest, pay off the loan faster, etc)	C 1	C 2
If medium or high please provide comments:	Low	Low
	Medium	Medium
	High	High
What is your level of concern about your current job security?	C 1	C 2
If medium or high please provide comments:	Low	Low
	Medium	Medium
	High	High
What is your level of concern about negative property value fluctuations?	C 1	C 2
If medium or high please provide comments:	Low	Low
	Medium	Medium
	High	High
Do you expect a change to your income situation in the foreseeable future?	Yes	No
If yes please provide comments:		
Do you expect your expenses to increase in the foreseeable future?	Yes	No
If yes please provide comments:		
Do you have an emergency fund, liquid asset or insurance to assist with repayment of debt in the event of a loss of income?	Yes	No
Would you be able to maintain your commitments & lifestyle if you or your partner were unable to earn an income?	Yes	No
Do you have adequate insurance to meet your loan repayments in the event you are unable to work? (e.g. life insurance, loan protection insurance, income protection insurance)	Yes	No
Do you have a will?	Yes	No
Are you aware of any circumstances that may impact upon your ability to meet your financial commitments?	Yes	No

If yes please provide comments:

At What age do you plan to retire?

C 1

C 2

Your Credit History

Has either applicant ever had any problems meeting any of your fixed commitments including mobile phone payments?

Yes

No

If yes please provide comments:

Has either applicant ever been an officer or shareholder of any company of which a manager, receiver, and/or liquidator has been appointed?

Yes

No

If yes please provide comments:

Does either applicant have an unsatisfied judgement(s) entered in any court against either applicant or any company of which either applicant are/were a Shareholder/Officer?

Yes

No

If yes please provide comments:

Have any applicants simultaneously applied to any other Credit Provider(s) for this loan?

Yes

No

If yes please provide comments:

Advisers

Adviser Type	Financial planner	General insurer	Accountant	Solicitor	
Adviser's name	<input type="text"/>				
Business name	<input type="text"/>				
Email	<input type="text"/>				
Phone	<input type="text"/>				
Fax	<input type="text"/>				

Purchase			
Purchase Type	Purchase (land & improvement)		
	Land/Construction		
	Pre-approval		
Are you buying your first home	C1	Yes	No
	C2	Yes	No
Security Address			
How long do you intend to keep the property?	Years		
Owner Occupied	Vacant Land		
Investment Property	Expected Rent	pw	
Purchase Price			
Purchase Costs			
Contribution			
Gifts/ Grants / Other			
Total Credit Required			
Name on Contract	1	Other Please detail	
	2		

Refinance		
Refinance Purpose	Better Rate	Access Equity
	Restructure	Home Improvements
	Consolidate Debt	Other
Other (detail)		
Security Address		
How long do you intend to keep the property?	Years	
Owner Occupied	Vacant Land	
Investment Property	Expected Rent	pw
Estimated Value		
Current Debt		
Refinance Costs		
Additional Funds		
Total Credit Required		
Name on Contract	1	Other Please detail
	2	

Additional Information	