

Your Personal Details										
	Applicant 1					Applicant 2				
Family Name										
Given Names										
Title										
Previous Name										
Gender	Male		Female			Male		Female		
Date of Birth										
Marital Status	Single	Married	De Facto	Other		Single	Married	De Facto	Other	
Dependants	No:		Ages:			No:		Ages:		
Retirement Age										
Drivers Licence No			Expiry		State			Expiry		State
Contact Details	Mobile:					Mobile:				
	Work:					Work:				
	Home:					Home:				
	Fax:					Fax:				
	Email:					Email:				
Residential Address										
Date Moved In										
Housing Status	Own Home	Renting	With parents	Other		Own Home	Renting	With parents	Other	
Postal Address										
<i>Previous Residential Addresses if less than 3 years at current</i>										
Previous Address										
Date Moved In										
Nearest relative <i>(not living with you)</i>	Full Name:					Full Name:				
	Contact Number:					Contact Number:				
	Address:					Address:				
	Relationship:					Relationship:				
Mothers Maiden Name										

Your Employment Details												
Occupation												
Employer's Name												
Employer's Address												
Contact Person												
Contact Number												
Employment Type	PAYG	Self-Employed	Other (Details required)			PAYG	Self-Employed	Other (Details required)				
Employment Basis	Full Time	Part Time	Other (Details required)			Full Time	Part Time	Other (Details required)				
Date Commenced												
Gross Income	\$		pw	pf	pm	pa	\$		pw	pf	pm	pa
Other Income	\$		Type				\$		Type			

Previous Employment (if less than three years)						
Occupation						
Employer's Name						
Employer's Address						
Contact Person						
Contact Number						
Employment Type	PAYG	Self - Employed	Other	PAYG	Self - Employed	Other
Employment Basis	Full Time	Part Time	Other	Full Time	Part Time	Other
Start Date						
Finish Date						

Your Business Details (if applicable)						
Business Name			ABN			
Business Address						
Are you a sole trader?	Yes	No	<u>If Yes</u>	Applicant 1 and/or	Applicant 2	
Are you the director of a company?	Yes	No	<u>If Yes</u>	Applicant 1 and/or	Applicant 2	
Company Name			ABN/ACN			
Company Address						
Are you the Trustee of a Trust?	Yes	No	<u>If Yes</u>	Applicant 1 and/or	Applicant 2 or	Company (as above)
Trust's Name						
Trust's Address						
Does the business have any borrowings?			Yes	No		
If so would you like these arrangements reviewed?			Yes	In the future	No	

Your Requirements						
Purchase			Refinance/Top Up			
Purchase Type:	Purchase (land and improvement)		Purpose of refinance:	Better Rate	Restructure	
Pre-approval	Land/Construction		Consolidate Debt	Access to equity <small>Please detail</small>		
Are you purchasing your first home?	1	Yes	No	Home Improvements	Other	
	2	Yes	No			
Security address:			Security address:			
How many years do you intend to retain the property?			How many years do you intend to retain the property?			
Owner Occupied	Vacant Land		Owner Occupied	Vacant Land		
Investment Property	Expected Rent	\$ pw	Investment Property	Expected Rent	\$	pw
Purchase Price	\$		Estimated Value	\$		
Purchase Costs	\$		Current Debt	\$		
Contribution	\$		Refinance Costs	\$		
Gifts / Grants/ Other	\$		Additional Funds Required	\$ <small>Please detail</small>		
Total Credit Required	\$		Total Credit Required	\$		
Name on Contract	1	Other <small>Detail Below</small>		Name on Title	1	Other <small>Please detail</small>
	2				2	

Personal Questions: (If Yes please provide details)		
Has either applicant ever had any problems meeting any of your fixed commitments including mobile phone payments?	Yes	No
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
Does either applicant have any unsatisfied judgement(s) entered in any court against either applicant or any company of which either applicant are or were a Shareholder or Officer?	Yes	No
Has any application in respect of this loan ever been submitted by either applicant or any other person to any other Credit Provider(s)?	Yes	No

Your Statement of Position

Assets		Liabilities			Monthly Repayment	
Savings Accounts- <i>Financial Institutions</i>	Current Value	Credit Lines - <i>Financial Institution</i>	Limit	Amount Owing	Repayment	To be paid out
1	\$	1	\$	\$	\$	
2		2				
1	\$	1	\$	\$	\$	
2		2				
1	\$	1	\$	\$	\$	
2		2				
Real Estate - <i>Addresses</i>	Current Value	Home Loans - <i>Financial Institution</i>	Limit	Amount Owing	Repayment	
1	\$	1	\$	\$	\$	
2		2				
1	\$	1	\$	\$	\$	
2		2				
1	\$	1	\$	\$	\$	
2		2				
1	\$	1	\$	\$	\$	
2		2				
Motor Vehicles - <i>Make & Year</i>	Current Value	Leasing - <i>Financial Institution</i>	Expiry Date	Amount Owing	Repayment	
1	\$	1		\$	\$	
2		2				
1	\$	1		\$	\$	
2		2				
1	\$	1		\$	\$	
2		2				
1	\$	1		\$	\$	
2		2				
Contents Insurer	\$ <i>Insured Amount</i>	1		\$	\$	
		2				
Superannuation - <i>Fund</i>	Current Value	Personal Loans - <i>Financial Institution</i>	Expiry Date	Amount Owing	Repayment	
1	\$	1		\$	\$	
2		2				
1	\$	1		\$	\$	
2		2				
Business Value	\$	1		\$	\$	
		2				
Shares & Investments	Current Value	Credit Card - <i>Financial Institution</i>	Limit	Amount Owing	Repayment	
1	\$	1	\$	\$	\$	
2		2				
1	\$	1	\$	\$	\$	
2		2				
1	\$	1	\$	\$	\$	
2		2				
Deposit Paid	\$	1	\$	\$	\$	
		2				
Other Assets - <i>Description</i>	Current Value	Other Debts - <i>Description</i>	Expiry Date	Amount Owing	Repayment	
1	\$	1		\$	\$	
2		2				
1	\$	1		\$	\$	
2		2				
1	\$	1		\$	\$	
2		2				
Total Assets	\$	Total Liabilities	\$			
		Total Monthly Repayments	\$			
Life Insurance Sum Insured	1 \$					
	2 \$					

Do you expect any changes to your net asset position in the foreseeable future? Yes No If so, please provide further details below

Notes:

Your Monthly Income & Expenses

	Applicant 1		Applicant 2	
Net Income	\$	pw pf pa	\$	pm
Rental Income	\$	pw pf pa	\$	pm
Government Benefits	\$	pw pf pa	\$	pm
Investment Income	\$	pw pf pa	\$	pm
Other Income	\$	pw pf pa	\$	pm
Sub Total Net Income		A		A

Total Monthly Repayments	Total monthly expenses	Total Expenses	Notes:
From Statement of Position	From Budget Planning Exercise	Exclude new commitment	Minimum Living Expenses Other: Other: Other: Total monthly expenses

Total Net Income Applicants 1 & 2	A	\$	pm	Total Expenses	B	\$	pm	Surplus/Deficit (A - B)	C	\$	pm
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Do you expect any variation to your income in the foreseeable future?	Yes	No
	If so please explain in Additional Information on Page 5	

Establishing Your Needs and Objectives (Your broker to discuss)

Date by which credit is to be secured by:		Applicant's Lender Preference	
Term of loan	years	months	Interest only Term
Client's attitude toward interest rate fluctuations?		Concerned	Slightly concerned
Principal & Interest	Wants to reduce debt	Interest Only	Debt is tax deductible
Repayment Cycle	Weekly	Fortnightly	Monthly
Variable	Requires flexibility	Requires offset account	Extra Repayments
Basic Variable	Requires lower interest rate with less features		Requires offset account
Introductory Variable	Wishes to keep costs down	Requires flexibility of variable rate	
Professional Package	Requires discount rate	Requires offset account	
Fixed Rate	Requires stability in payment	Rate lock facility accepted	Rate lock facility declined
No. of years			
Introductory Fixed	Wishes to keep costs down in first year and have stability in payment		
Line of Credit	Requires access to equity in property		
Land & Construction	Progressive draw down		
Low Doc Loan	Income has increased since last taxation return was submitted	Taxation returns are not available	
Non-Conforming	Has adverse credit history	Has history of arrears	
Reverse Mortgage	Wishes to access equity in home & does not wish to repay debt		
Other Features	No ongoing fees	Redraw facility	No early repayment penalty
Other (Please explain)			

Notes

Protecting your financial position

Are you aware of any circumstances that may impact upon your ability to meet your financial commitments?		Yes		No
Do you rely upon your paid employment or self-employment to cover your mortgage and expenses?		Yes		No
Upon whose income are you/ your family dependent upon to maintain the proposed commitment and your expenses?		App 1		App 2
Do you have an emergency fund, liquid asset or insurance to assist with the repayment of the debt in the event of a loss of an income?		Yes		No
Would you be able to maintain your commitments and lifestyle if you or your partner were temporarily unable to earn an income?		Yes		No
Do you have a will?		Yes		No

Required Action:

Professional Advisers

	Financial Planner	Solicitor/Conveyancer	Real Estate Agent	Accountant
Name				
Mobile:	Mobile:	Mobile:	Mobile:	Mobile:
Work:	Work:	Work:	Work:	Work:
Fax:	Fax:	Fax:	Fax:	Fax:
Email:	Email	Email	Email	Email

Declaration & Acknowledgement

I / We declare that we have reviewed this document and confirm the information contained within is complete and accurate to the best of my / our knowledge. I / We understand that the factual information contained within this document is relied upon in making a preliminary assessment. I/We declare that we have received a copy of the Credit Guide for my/our records.

Applicant 1 Name: _____ Signature: _____ Date: _____ Representative Name: _____ Signature _____	Applicant 2 Name: _____ Signature: _____ Date: _____ Credit Representative No: _____ Date: _____
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Additional Information: