

Client Needs Analysis

NOVACASTRIAN MORTGAGE SOLUTIONS PTY LTD



Referral Source		Date Received	
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Broker Name

Personal Details.

APPLICANT 1				APPLICANT 2			
Surname:				Surname:			
Full Given Names:				Full Given Names:			
Date of Birth:				Date of Birth:			
Drivers Licence No:				Drivers Licence No:			
Contact Details:	Work:			Contact Details:	Work:		
	Home:				Home:		
	Mobile:				Mobile:		
Current Address:				Current Address:			
Time there:				Time there:			
Previous Address:				Previous Address:			
Time there:				Time there:			
Home Email Address:				Home Email Address:			
Work Email Address:				Work Email Address:			
Marital Status	Single: <input type="checkbox"/>	Married: <input type="checkbox"/>	De Facto <input type="checkbox"/>	Marital Status	Single: <input type="checkbox"/>	Married: <input type="checkbox"/>	De Facto <input type="checkbox"/>
No of Dependents & Ages:				No of Dependents & Ages:			

If applicant is a trust – state full name of trust

TRUST NAME				
Full name of Trustee(s)			Full Name of Trustee(s)	
Full name of Trustee(s)			Full Name of Trustee(s)	
ABN Held Since			Date of Birth:	
Full name of Beneficiary(s)			Full Name of Beneficiary(s)	
Full name of Beneficiary(s)			Full Name of Beneficiary(s)	

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APPLICANT 1				APPLICANT 2			
Occupation				Occupation			
Employer				Employer			
Employer Address				Employer Address			
Length of Service				Length of Service			
<input type="checkbox"/> F/time:	<input type="checkbox"/> P/time:	<input type="checkbox"/> Casual:	<input type="checkbox"/> Self Emp:	<input type="checkbox"/> F/time:	<input type="checkbox"/> P/time:	<input type="checkbox"/> Casual:	<input type="checkbox"/> Self Emp
PAYG / Director Salary	\$			PAYG / Director Salary	\$		
Overtime / Bonus / Commission	\$			Overtime / Bonus / Commission	\$		
Rental Income (Security / Other)	\$			Rental Income (Security / Other)	\$		
DSS / Pension / Child Support	\$			DSS / Pension / Child Support	\$		
Other Income	\$			Other Income	\$		
Former Occupation				Former Occupation			
Former Employer				Former Employer			
Former Employers address				Former Employers address			
Length of Service				Length of Service			
<input type="checkbox"/> F/time:	<input type="checkbox"/> P/time:	<input type="checkbox"/> Casual:	<input type="checkbox"/> Self Employed:	<input type="checkbox"/> F/time:	<input type="checkbox"/> P/time:	<input type="checkbox"/> Casual:	<input type="checkbox"/> Self Employed:
With what institutions do you Bank with?							
Have you ever had any problems meeting any of your fixed commitments including mobile phone payments?				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
				If yes please provide details:			
Has either applicant ever been Shareholders or offices of any Company of which a manager, Receiver, and / or Liquidator has been appointed?				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
				If yes please provide details:			
Is there any unsatisfied judgement entered in any court against either applicant or any company of which either applicant are or were a Shareholder or Officer?				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
				If yes please provide details:			
Has any application in respect of this loan ever been submitted by either applicant or any other person to any other Lender?				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Does either applicant have an ABN? If Yes please provide ABN Number & GST registration status.				<input type="checkbox"/> YES		<input type="checkbox"/> NO	

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SOLUTIONS PTY LTD**



Assets & Liabilities

ASSETS		LIABILITIES			
	<i>Current Value</i>		<i>Amount Borrowed</i>	<i>Payment Per month</i>	<i>Amount Owing</i>
Real Estate:	\$	Mortgage with:	\$	\$	\$
Real Estate:	\$	Mortgage with:	\$	\$	\$
Real Estate:	\$	Mortgage with:	\$	\$	\$
Savings:	\$	Personal Loan /Leases with:	\$	\$	\$
Savings:	\$	Personal Loan /Leases with:	\$	\$	\$
Savings:	\$	Car Loan With:	\$	\$	\$
Investments:	\$	Family Support Payments	\$	\$	\$
Investments:	\$	Store Card With:	\$	\$	\$
Superannuation:	\$	Store Card With:	\$	\$	\$
Superannuation:	\$	Credit Card With:	\$	\$	\$
Furniture & Personal Effects:	\$	Credit Card With:	\$	\$	\$
Motor Vehicle:	\$	Credit Card With:	\$	\$	\$
Other:	\$	Other Liabilities:	\$	\$	\$
Other:	\$	Other Liabilities:	\$	\$	\$
Other:	\$	Other Liabilities:	\$	\$	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES		\$	\$