

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		
<i>*Previous Residential Addresses if less than 3 years</i>												
Residential Address												
Date Moved In												
Date Moved Out												
Nearest relative <i>(not living with you)</i>	Relationship:						Relationship:					
	Full Name:						Full Name:					
	Contact Number:						Contact Number:					
	Address:						Address:					

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

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 Please detail		
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	\$ Please detail		
Total Credit Required	\$		Total Credit Required	\$		
Name on Contract	1	Other Detail Below		Name on Title	1	Other Please detail
	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>	Personal Loans - <i>Financial Institution</i>		Expiry Date	Amount Owing	Repayment
Superannuation - <i>Fund</i>		Current Value	1		\$	\$	
1	\$		2				
2			1		\$	\$	
1	\$		2				
2			1		\$	\$	
Business Value		\$	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		\$	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	\$ pw pf pa	\$ pm
Rental Income	\$ pw pf pa	\$ pm	\$ pw pf pa	\$ pm
Government Benefits	\$ pw pf pa	\$ pm	\$ pw pf pa	\$ pm
Investment Income	\$ pw pf pa	\$ pm	\$ pw pf pa	\$ pm
Other Income	\$ pw pf pa	\$ pm	\$ pw pf pa	\$ pm
Sub Total Net Income	A	\$ pm	A	\$ pm

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

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)

Term of loan	years	months	Requested for reason of affordability	
Client's attitude toward interest rate fluctuations?	Concerned	Slightly concerned	Not concerned	
Principal & Interest	Wants to reduce debt	Interest Only	Debt is tax deductible	Preserve Cash flow
Repayment Cycle	Weekly	Fortnightly	Monthly	6 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 fee free products	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.

<p>Applicant 1 Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Representative Name: _____</p> <p>Signature _____</p>	<p>Applicant 2 Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Credit Representative No: _____</p> <p>Date: _____</p>
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Additional Information: