

Your personal details

This section captures information about your personal details, such as your current contact details and how you would like to be contacted by us.

Title

Surname

Given Name(s)

Preferred Name

Sex

Marital Status

Date of Birth

Drivers Licence Number

Issue Date

Expiry Date

Place Issued

Tax Resident of Australia

Country of Residence

Country of Citizenship

Contact details

Fax Email

Contact me by

	Client 1	Client 2
Home Address		
Work Address		
Mailing Address	3	
Home Phone Work Phone		
Mobile Phone		

About your family

This section captures information about your family, including your children and other family member that are dependent on you. This helps me consider both you and your family when i make my recommendations.

You have no children/dependents at this time

Name	Relationship Type	Date of Birth	Sex	Is s/he financially depen- dent on you?	If yes, until when?	Do any of your children have special needs?
------	----------------------	------------------	-----	---	------------------------	--

Do you have any other financial dependents?

Are there any other family matters I should know about?

If you answered yes, please provide explanation below

About your current living arrangements

Client 1 Client 2

Date moved to your current address (month & year)

Current Residential Status

Home has mortgage

Rent/Board Own home

Living with parents/relatives

First Home Buyer Yes No Yes No

If less than 3 years - previous address

Date moved there

Date left there

Previous Residential Status

Home has mortgage

Rent/Board Own home

Living with parents/relatives

If less than 3 years - previous

address

Date moved there

Date left there

Previous Residential Status

Home has mortgage

Rent/Board Own home

Living with parents/relatives

Mailing address, if different

from home address

Other information

Mothers Maiden Name

Nearest Relative not living with you

Relationship

Address

Contact Number

About your employment

Time at employer

	(Client 1		Client 2
Occupation				
Employment Type Perm, casual etc	Full time Casual Fixed Term Part Time Temporary Contract Unemployed Student Home Duties Retired Other		Full time Casual Fixed Term Part Time Temporary Contract Unemployed Student Home Duties Retired Other	
Number of hours per week				
Self Employed? Employer Name Employers Address ABN (if self employed) Contact Name Contact Number	Yes	No	Yes	No
Time at current employer	From	to	From	to
Previous employment - if less Job Title Self Employed? Employment Type	Yes Full time Casual Fixed Terr Part Time Tempora Contract Unempla Student Home Do Retired Other	No m e arry t byed	Yes Full time Casual Fixed Term Part Time Temporary Contract Unemploy Student Home Dut Retired Other	, ed
Employer Name Employers Address				

to

From

to

From

About your income and expenses

This section captures information on your income and expenses to help me understand your current cashflow situation. This allows me to make appropriate recommendations while considering any cashflow shortages or surplus you have.

Income - If you are self employed you can refere to FS and ITR supplied by an accountant

Insert person name	Wages/Interest etc	Amount	Frequency	
		Weekly	Monthly	Yearly
		Weekly	Monthly	Yearly
		Weekly	Monthly	Yearly
		Weekly	Monthly	Yearly
		Weekly	Monthly	Yearly
Are you expecting your inco	ome to change in the fo	oreseeable future?	Yes No	
Please provide details				

Expenses - Tell us your personal expenses or use the budget template attached or supply your own personal budget

Type food, phone, internet, foxtel etc	Individual or joint	Amount			Frequency
			Weekly	Monthly	Yearly
			Weekly	Monthly	Yearly
			Weekly	Monthly	Yearly
			Weekly	Monthly	Yearly
			Weekly	Monthly	Yearly
			Weekly	Monthly	Yearly
			Weekly	Monthly	Yearly
			Weekly	Monthly	Yearly
			Weekly	Monthly	Yearly
			Weekly	Monthly	Yearly
Estimated Total Annual hou	sehold expenses				
Are loan repayments includ	ded?			Yes	No
Are insurance premiumn fo	or personal risk included	! ?			
Estimated annual surplus -	after household expenses, loan re	payment and insurance	premiums		
What % of your total expen	ses are variable				
Ongoing rent/board AFTER	this loan is drawn				
Are you expecting your exp	penses to change in th	e foreseeable fu	iture?	Yes	No
Please provide details					

Your financial and lifestyle goals

This section is to understand your financial goals for the future and can include things like, borrow for home and repay loan, home improvements, build investment portfolio, takes overseas trip, purchase motor vehicle, invest in business, return to study or private education for children etc.

Goal	Expected Cost	Timeframe	Priority 1 High - 5 Low
	Short	Med Long	

Loan Purpose

Loan Type	Add to Existing	New Loan	Amount

Purchase Owner Occupied Property

Purchase Investment Property

Refinance Owner Occupied Property

Refinance Investment Pty Improvements

Construction

Debt Consolidation

Business Use

Other Real Estate (describe below)

Other Personal Use (describe below)

Total Loan Amount

Other:

Loan	5 years	Docs	Full Doc	Repayments Weekly	
Term	10 years		Lo Doc	Fortnightly	
	15 years		No Doc	Monthly	Cheque book
	20 years	Interest	Variable	Features Master Limit	Secure Rate Lock
	25 years		Fixed	Redraw	Internet Banking
	30 years		Mixed	Offest	Card access
	Other		Splits No:	Add Payments	Intro rate

Assets - Your current position

Property

Address of property	Desc - ie house.unit	Situation	Property Ownership	Market Value	Used as security
		Owner Occupied	Client 1 %		
	Rented Monthly Rent:	Client 2 %			
		Owner Occupied	Client 1 %		
		Rented Monthly Rent:	Client 2 %		
		Owner Occupied	Client 1 %		
		Rented Monthly Rent:	Client 2 %		

If you have other properties please attach a list including percentage of ownership

Bank accounts, saving and term deposits

Name of Bank or Building Society	Account Type	Owner	Current Balance
		Client 1	
		Client 2	
		Client 1	
		Client 2	
		Client 1	
		Client 2	
		Client 1	
		Client 2	

Investments - super funds and shares

Name of Super Fund or Investment Co	Investment Type	Owner	Current Balance
		Client 1	
		Client 2	
		Client 1	
		Client 2	
		Client 1	
		Client 2	
		Client 1	
		Client 2	

Motor Vehicles

Make and Model	Year Built	Owner	Market Value
		Client 1	
		Client 2	
		Client 1	
		Client 2	
		Client 1	
		Client 2	

Other Assets - including household effects and personal effects such as cash, boats, tools of trade

Asset	Owner	Market Value
	Client 1	
	Client 2	
	Client 1	
	Client 2	
	Client 1	
	Client 2	

Liabilities - Properties with loans attached

Address of property	Name of Lender	Acc No	Int rate	Minimum monthly repayment	Borrower	Amount owing or limit	Clearing this loan
					Client 1 Client 2 Client 1 Client 2		
					Client 1 Client 2		

Credit cards, unsecured overdrafts etc.

Name of lender	Type - eg. visa	Credit Limit	Minimum monthly epayment	Borrower	Amount owing or limit	Clearing this loan
				Client 1 Client 2 Client 1		
				Client 2		
				Client 1 Client 2		

Other loans, personal loans, vehicle leases and hire purchases

Name of lender	Type - eg. personal loan, hire purchase	Minimum monthly repayment	Borrower	Amount owing or limit	Clearing this loan
			Client 1 Client 2 Client 1		
			Client 2 Client 1		
			Client 2		

By ticking this box I acknowledge that all the information is true and correct and that this 'mark' replaces my signature in this instance for this fact finder only. This also confirms that this information is current at the time and date of sending the form back to Austral Lending