



Customer Information and Needs Analysis

Personal Information Applicant 1				
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other: <input type="checkbox"/>
Surname:				
First Names:				
Mothers Maiden Name:				
DOB:	D/L #:	Expiry:		
Marital Status				
Single: <input type="checkbox"/>	Married: <input type="checkbox"/>	De-Facto: <input type="checkbox"/>		
Residency Status				
Citizen: <input type="checkbox"/>	Resident: <input type="checkbox"/>	Non – Resident: <input type="checkbox"/>		
First Home Buyer				
Yes: <input type="checkbox"/>		No: <input type="checkbox"/>		
Contact Details				
H:	W:	M:		
E:				
Current Residential Status (3 Years History Required)				
Renting: <input type="checkbox"/>	Current Rent:	W: <input type="checkbox"/>	F: <input type="checkbox"/>	M: <input type="checkbox"/>
With Parents:	Boarding:	Own Home:	Own Home Mortgage:	
Current Residential Address				
Street:				
Suburb:				
State:	Postcode:			
Current Since:				

Previous Residential Address			
Street:			
Suburb:			
State:		Postcode:	
From:		To:	
Dependants (Married / De- Facto please list dependants against one applicant only)			
Number:		Ages:	
Closest Relative Not Living With You			
Name:		Relationship:	P:
Employment Details – Self Employed Please Complete Details Page 7			
PAYG: <input type="checkbox"/>	Self Employed: <input type="checkbox"/>	Home Duties: <input type="checkbox"/>	
Full Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>	Casual: <input type="checkbox"/>	
Other:			
Occupation:			
Employer:			
Address:			
Employed Since:		On Probation:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Payroll Contact Name:		P:	
Previous Employment Details			
Occupation:			
Employer:			
Address:			
Employed From:		To:	
Occupation:			
Employer:			
Address:			
Employed From:		To:	
Income			
Salary Gross:		Salary Net:	
Week: <input type="checkbox"/>	Fortnight: <input type="checkbox"/>	Month: <input type="checkbox"/>	
Overtime:		Govt. Benefits:	
Rent Received:			
Property:	Rent:	W: <input type="checkbox"/> F: <input type="checkbox"/> M: <input type="checkbox"/>	
Property:	Rent:	W: <input type="checkbox"/> F: <input type="checkbox"/> M: <input type="checkbox"/>	
Property:	Rent:	W: <input type="checkbox"/> F: <input type="checkbox"/> M: <input type="checkbox"/>	
Other:			

Personal Information Applicant 2				
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other:
Surname:				
First Names:				
Mothers Maiden Name:				
DOB:	D/L #:	Expiry:		
Marital Status				
Single: <input type="checkbox"/>	Married: <input type="checkbox"/>	De-Facto: <input type="checkbox"/>		
Residency Status				
Citizen: <input type="checkbox"/>	Resident: <input type="checkbox"/>	Non – Resident: <input type="checkbox"/>		
First Home Buyer				
Yes: <input type="checkbox"/>		No: <input type="checkbox"/>		
Contact Details				
H:	W:	M:		
E:				
Current Residential Status (3 Years History Required)				
Renting: <input type="checkbox"/>	Current Rent:	W: <input type="checkbox"/>	F: <input type="checkbox"/>	M: <input type="checkbox"/>
With Parents: <input type="checkbox"/>	Boarding: <input type="checkbox"/>	Own Home: <input type="checkbox"/>	Own Home Mortgage: <input type="checkbox"/>	
Current Residential Address				
Street:				
Suburb:				
State:	Postcode:			
Current Since:				
Previous Residential Address				
Street:				
Suburb:				
State:	Postcode:			
From:	To:			
Dependants (Married / De- Facto please list dependants against one applicant only)				
Number:	Ages:			
Closest Relative Not Living With You				
Name:	Relationship:	P:		
Employment Details – Self Employed Please Complete Details Page 7				
PAYG: <input type="checkbox"/>	Self Employed: <input type="checkbox"/>	Home Duties: <input type="checkbox"/>		
Full Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>	Casual: <input type="checkbox"/>		
Other:				

Occupation:			
Employer:			
Address:			
Employed Since:	On Probation:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Payroll Contact Name:	P:		
Previous Employment Details			
Occupation:			
Employer:			
Address:			
Employed From:	To:		
Occupation:			
Employer:			
Address:			
Employed From:	To:		
Income			
Salary Gross:	Salary Net:		
Week: <input type="checkbox"/>	Fortnight: <input type="checkbox"/>	Month: <input type="checkbox"/>	
Overtime:	Govt. Benefits:		
Rent Received:			
Property:	Rent:	W: <input type="checkbox"/>	F: <input type="checkbox"/> M: <input type="checkbox"/>
Property:	Rent:	W: <input type="checkbox"/>	F: <input type="checkbox"/> M: <input type="checkbox"/>
Property:	Rent:	W: <input type="checkbox"/>	F: <input type="checkbox"/> M: <input type="checkbox"/>
Other:			
Assets All Applicants			
Real Estate			
Address	Owners	Ownership%	Value
	App 1 <input type="checkbox"/>	App 1 %	
	App 2 <input type="checkbox"/>	App 2 %	
	App 1 <input type="checkbox"/>	App 1 %	
	App 2 <input type="checkbox"/>	App 2 %	
	App 1 <input type="checkbox"/>	App 1 %	
	App 2 <input type="checkbox"/>	App 2 %	
	App 1 <input type="checkbox"/>	App 1 %	
	App 2 <input type="checkbox"/>	App 2 %	
Total:			

Cheque Savings and Other Deposit Accounts

Institution	Account Type	Ownership	Balance
		App 1 <input type="checkbox"/>	
		App 2 <input type="checkbox"/>	
		App 1 <input type="checkbox"/>	
		App 2 <input type="checkbox"/>	
		App 1 <input type="checkbox"/>	
		App 2 <input type="checkbox"/>	
		App 1 <input type="checkbox"/>	
		App 2 <input type="checkbox"/>	
Total:			

Investments Superannuation and Shares

Institution	Account Type	Ownership	Balance
		App 1 <input type="checkbox"/>	
		App 2 <input type="checkbox"/>	
		App 1 <input type="checkbox"/>	
		App 2 <input type="checkbox"/>	
		App 1 <input type="checkbox"/>	
		App 2 <input type="checkbox"/>	
		App 1 <input type="checkbox"/>	
		App 2 <input type="checkbox"/>	
Total:			

Motor Vehicles

Make	Model	Year	Ownership	Value
			App 1 <input type="checkbox"/>	
			App 2 <input type="checkbox"/>	
			App 1 <input type="checkbox"/>	
			App 2 <input type="checkbox"/>	
			App 1 <input type="checkbox"/>	
			App 2 <input type="checkbox"/>	
			App 1 <input type="checkbox"/>	
			App 2 <input type="checkbox"/>	
Total:				

Other Assets – Household Items - Personal Effects - Boats / Caravans

Brief Description	Ownership	Value
	App 1 <input type="checkbox"/>	
	App 2 <input type="checkbox"/>	
	App 1 <input type="checkbox"/>	
	App 2 <input type="checkbox"/>	
Total:		

Liabilities All Applicants

Mortgages

Lender:			Security:			
Account Limit:			Current Balance:			
Minimum Payment:			Frequency:	W:	F:	M:
Interest Only:	Yes:	No:	Refinance:	Yes:	No:	
Borrowers:	App 1	App 2				

Lender:			Security:			
Account Limit:			Current Balance:			
Minimum Payment:			Frequency:	W:	F:	M:
Interest Only:	Yes:	No:	Refinance:	Yes:	No:	
Borrowers:	App 1	App 2				

Lender:			Security:			
Account Limit:			Current Balance:			
Minimum Payment:			Frequency:	W:	F:	M:
Interest Only:	Yes:	No:	Refinance:	Yes:	No:	
Borrowers:	App 1	App 2				

Lender:			Security:			
Account Limit:			Current Balance:			
Minimum Payment:			Frequency:	W:	F:	M:
Interest Only:	Yes:	No:	Refinance:	Yes:	No:	
Borrowers:	App 1	App 2				

Credit Cards Store Cards Unsecured Overdrafts – Including Interest Free Accounts							
Lender	Credit Type	Credit Limit	Borrower	Amount Owning	Refinance		
					Yes	No	
			App 1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			App 2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			App 1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			App 2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			App 1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			App 2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			App 1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			App 2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Personal Loans – Hire Purchase							
Lender	Credit Type	Security	Minimum Payment	Borrower	Amount Owning	Refinance	
						Yes	No
				App 1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				App 2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				App 1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				App 2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				App 1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				App 2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				App 1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				App 2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other Liabilities / Guarantees							
Description	Min Monthly Payment	Debtor/Guarantor	Amount Owning	Refinance			
				Yes	No		
		App 1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		App 2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		App 1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		App 2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Living Expenses – Please Complete Annexure A							
Self Employed Applicants Only							
Business Type:	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	Trust <input type="checkbox"/>	Company <input type="checkbox"/>			
ABN / ACN:							
Business Name:							
Address:							
Accountant Details:							
Taxable Income Financial Year To Date:				Previous Financial Year:			

What is the Purpose of Your Loan							
Owner Occupied	Investment	Purchase Residential	Purchase Land	House & Land Package	Build Only	Refinance	Commercial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please Specify							
Refinancing / Debt Consolidation							
What is the reason for refinancing or debt Consolidation – More than one may apply							
<input type="checkbox"/> Better Interest Rate		<input type="checkbox"/> Consolidate Debt			<input type="checkbox"/> Specific Product Features		
<input type="checkbox"/> Reduce Overall commitments		<input type="checkbox"/> Reduce Payments			<input type="checkbox"/> Unhappy with Current Lender		
Additional Product Information (more than one may apply)							
Do You Require							
<input type="checkbox"/> Split Facility		<input type="checkbox"/> Redraw Facility			<input type="checkbox"/> Offset Account		
<input type="checkbox"/> Internet Banking		<input type="checkbox"/> Phone Banking			<input type="checkbox"/> Credit Card		
What is Your Preferred Payment Type							
<input type="checkbox"/> Principal and Interest				<input type="checkbox"/> Interest Only			
If you have selected Interest Only Please Tell Us Why – <i>This is a mandatory question</i>							
What Is Your Preferred Payment Frequency							
<input type="checkbox"/> Weekly		<input type="checkbox"/> Fortnightly			<input type="checkbox"/> Monthly		
General Considerations							
Has there been any financial stress or applications for hardship for any existing loans?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has there been any defaults on any loans or debts in the last 2 years?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you expect any significant changes to your financial situation over the foreseeable future that could adversely affect your ability to meet your loan repayments or reduce your income as stated in this document						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Short Mid and Long Term Financial Goals							
Please Tell Us In Order Of Importance Your Short Mid and Long Term Financial Goals – <i>This is a mandatory question</i>							
Short Term							
Mid Term							
Long Term							

To ensure you can continue to meet your financial obligations should the unforeseen occur we highly recommend a free consultation with our financial planner

Please indicate if you would like to take advantage of this offer	Yes <input type="checkbox"/>	Initial	No <input type="checkbox"/>	Initial
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This is an accurate Statement of Our Financial Position as of Today's Date

Signature	Signature
Full Name:	Full Name:
Date:	Date:

Annexure A - Please complete living expenses for all applicants

#	Expense Category	Description	Week	Fortnight	Month	Quarter	Annual	Total Monthly
1	Childcare	<i>Day Care, After school /Holiday care / Nannies</i>						
2	Clothing & Other Personal Expenses	<i>Clothing Footwear, Buy Now/ Pay Later Purchases Cosmetics, Hairdressing etc.</i>						
3	Education	<i>Private/Public pre-school/school/tertiary fees, books, levies, uniforms</i>						
4	Groceries	<i>Typical Supermarket – Food Toiletries</i>						
5	Insurance	<i>Home/Contents/Landlord</i>						
		<i>Vehicle (Car, caravan, Boat, Motorcycle</i>						
		<i>Health Insurance</i>						
		<i>Life Insurance</i>						
		<i>Income Protection / Other</i>						
6	Investment Property Expenses (New Purchase/Existing)	<i>Rates, Body Corp/Strata & Land Tax</i>						
		<i>Utilities</i>						
		<i>Maintenance</i>						
7	Medial & Health	<i>Doctor, Dental, Optical, Massage, Chiro, Pharmaceuticals etc.</i>						
8	• Other	<i>Birthdays, Union Subscriptions, Gifts etc.</i>						
9	Owner Occupied Council Rates Body Corp Fees (New Purchase & Existing)	<i>Rates, Body Corp/Strata</i>						
		<i>Utilities (Renting /Owner)</i>						
		<i>Maintenance</i>						
10	Recreation & Entertainment	<i>Eating out, Alcohol, Tobacco, Gambling, Social, Holiday, Sport</i>						
11	Telephone/Internet/Media & Music Subscriptions	<i>Phone/Internet</i>						
		<i>Pay TV/Netflix/Spotify etc.</i>						
12	Transportation Expenses	<i>Registration</i>						
		<i>Petrol and Maintenance</i>						
		<i>Tolls/Taxi/Parking/Public Transport</i>						

Name:
Name:

Signature:
Signature:

Date:
Date: