

Your Broker is: Kane Mansfield Mobile: 0408 900 896 Authorised Credit Representative 366241

Applicant Information and Needs Analysis

Personal Information									
Applicant 1					Applicant 2				
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
Other:					Other:				
Surname:					Surname:				
First Names:					First Names:				
DOB:	DL#:	Expiry:			DOB:	DL#:	Expiry:		
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"/>				
Residency: Citizen <input type="checkbox"/> Resident <input type="checkbox"/>					Residency: Citizen <input type="checkbox"/> Resident <input type="checkbox"/>				
Non Resident – Country					Non Resident - Country				
Contact Details									
H:	W:	M:			H:	W:	M:		
E:					E:				
Current Residential Status (3 year History Required)									
Renting: <input type="checkbox"/> Boarding: <input type="checkbox"/> With Parents: <input type="checkbox"/>					Renting: <input type="checkbox"/> Boarding: <input type="checkbox"/> With Parents: <input type="checkbox"/>				
Own Home Mortgage: <input type="checkbox"/> Own Home No Debt: <input type="checkbox"/>					Own Home Mortgage: <input type="checkbox"/> Own Home No debt: <input type="checkbox"/>				
Other:					Other:				
Current Residential Address									
Street:					Street:				
Suburb:					Suburb:				
State:			Postcode:		State:			Postcode:	
Current Since: DD/MMM/YYYY					Current Since: DD/MMM/YYYY				
Previous Residential Address									
Street:					Street:				
Suburb:					Suburb:				
State:			Postcode:		State:			Postcode:	
From: DD/MMM/YYYY			To: DD/MMM/YYYY		From: DD/MMM/YYYY			To: DD/MMM/YYYY	
Dependants (Married/De-Facto please list dependants against one applicant only)									
Number: Ages					Number: Ages:				
Closest Relative Not Living With You									
Name:					Name:				
Address:					Address:				
P:			Relationship:		P:			Relationship:	
Mothers Maiden Name:					Mothers Maiden Name:				

Employment Details – Self Employed Please Complete Details Page 4

Current Employment (3 years History Required)

Applicant 1		Applicant 2	
PAYG: <input type="checkbox"/> Self Employed: <input type="checkbox"/> Home Duties: <input type="checkbox"/>		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"/>		Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Casual: <input type="checkbox"/>	
Other: <input type="checkbox"/> (specify)		Other: <input type="checkbox"/> (specify)	
Occupation:		Occupation:	
Employer:		Employer:	
Address:		Address:	
Employed Since: On Probation: Yes <input type="checkbox"/> No <input type="checkbox"/>		Employed Since: On Probation: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Payroll Contact Name: P:		Payroll Contact Name: P:	

Previous Employment Details

Occupation:		Occupation:	
Employer:		Employer:	
Address:		Address:	
Employed From: To:		Employed From: To:	
Occupation:		Occupation:	
Employer:		Employer:	
Address:		Address:	
Employed From: To:		Employed From: To:	

Income

Salary Gross:	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	Salary Gross:	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>
Salary Net:	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	Salary Net:	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>
Overtime:	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	Overtime:	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>
Rent:	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	Rent:	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>
Govt. Benefits:	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	Govt. Benefits:	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>
Self Employed Profit:		Self Employed Profit:	
Other (Specify):		Other (Specify):	

Assets All Applicants

Real Estate

Address	Owner(s)	% Ownership	Current Value	Rental Income	Frequency
	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/>	App 1 % App 2 %			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M
	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/>	App 1 % App 2 %			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M
	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/>	App 1 % App 2 %			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M
	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/>	App 1 % App 2 %			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M
Total:					

Cheque Savings and Other Deposit Accounts							
Institution	Account Type	Ownership	Current 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 Shares							
Institution	Account Type	Owner(s)	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	Owner(s)	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		Owner(s)		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:							
Liabilities All Applicants							
Mortgages							
Lender	Security	Borrowers	Limit	Min Payment	Frequency	Interest Only	Refinance
		App 1 <input type="checkbox"/> % App 2 <input type="checkbox"/> %			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		App 1 <input type="checkbox"/> % App 2 <input type="checkbox"/> %			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		App 1 <input type="checkbox"/> % App 2 <input type="checkbox"/> %			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		App 1 <input type="checkbox"/> % App 2 <input type="checkbox"/> %			<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total:							

Credit Cards Store Cards Unsecured Overdrafts – Including Interest Free Accounts							
Lender	Credit Type	Credit Limit	Borrower		Amount Owing	Refinance	
			App 1	App 2		Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Total:							

Personal Loans - Hire Purchase								
Lender	Credit Type	Security	Min Payment	Borrower		Amount Owing	Refinance	
				App 1	App 2		Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Total:								

Other Liabilities / Guarantees				
Description	Min Monthly Payment	Debtor Guarantor	Amount Owing	Refinance
		App 1 <input type="checkbox"/> App 2 <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		App 1 <input type="checkbox"/> App 2 <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Living Expenses Per Month – All Applicants	
Utilities and Rates – Owner Occupied Property	
Utilities and Rates – Investment Property	
Groceries	
Clothing and Personal Care	
Transport	
Medical and Health	
Telephone Internet Pay TV Media Streaming Services	
Recreation and Entertainment	
Insurance	
Education	
Childcare	
Other:	
Total:	

Self Employed Applicants Only				
Business Type: <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Company				ABN / ACN
Business Name:		Years in Business:	Industry:	
Address:				
Accountant Details:				
Taxable Income Financial Year to Date: \$			Previous Financial Year: \$	
What is the Purpose of Your Loan				
<input type="checkbox"/> Owner Occupied		<input type="checkbox"/> Investment		<input type="checkbox"/> Purchase Residential
<input type="checkbox"/> House & Land Package		<input type="checkbox"/> Build Only		<input type="checkbox"/> Purchase Land
<input type="checkbox"/> Other: Please Specify		<input type="checkbox"/> Refinance		<input type="checkbox"/> Purchase Commercial
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
Preferred Repayment Type				
<input type="checkbox"/> Principal and Interest			<input type="checkbox"/> Interest Only	
Preferred Payment Frequency				
<input type="checkbox"/> Weekly		<input type="checkbox"/> Fortnightly		<input type="checkbox"/> Monthly
If You Have Selected Interest Only Please Tell Us Why				
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				
Short Term				
Mid Term				
Long Term				
<i>To ensure you can continue to meet your financial obligations should the unforeseen occur we highly recommend a free consultation with our financial planner</i>				
Please indicate if you would like to take advantage of this offer.		Yes	<i>Initial</i>	No
			<i>Initial</i>	
This is an accurate Statement of Our Financial Position as of Today's Date				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Full Name:		Full Name:		
Date:		Date:		