

FACT FIND

A. PERSONAL DETAILS - APPLICANT 1

Title	Surname
<input type="text"/>	<input type="text"/>
First Name	Middle Name
<input type="text"/>	<input type="text"/>
Gender	Date of Birth (DOB)
<input type="text"/>	<input type="text"/>

A. PERSONAL DETAILS - APPLICANT 2

Title	Surname
<input type="text"/>	<input type="text"/>
First Name	Middle Name
<input type="text"/>	<input type="text"/>
Gender	Date of Birth (DOB)
<input type="text"/>	<input type="text"/>

B. CONTACT DETAILS - APPLICANT 1

Mobile Phone	Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address 1	Email Address 2	Website
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address		
<input type="text"/>		
Residential Status	Start Date at Current Address	
<input type="text"/>	<input type="text"/>	
Previous Residential Address (if less than 3 years)		
<input type="text"/>		
Residential Status	Start Date at Previous Address	
<input type="text"/>	<input type="text"/>	
Mailing Address	Settlement Address	
<input type="text"/>	<input type="text"/>	

B. CONTACT DETAILS - APPLICANT 2

Mobile Phone	Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address 1	Email Address 2	Website
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address		
<input type="text"/>		
Residential Status	Start Date at Current Address	
<input type="text"/>	<input type="text"/>	
Previous Residential Address (if less than 3 years)		
<input type="text"/>		
Residential Status	Start Date at Previous Address	
<input type="text"/>	<input type="text"/>	
Mailing Address	Settlement Address	
<input type="text"/>	<input type="text"/>	

C. IDENTIFICATION - APPLICANT 1

Country of Residency	Citizenship of	Residential Status
<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver License Number	State of Issue	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport Number	Passport Issue Date	Passport Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. IDENTIFICATION - APPLICANT 2

Country of Residency	Citizenship of	Residential Status
<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver License Number	State of Issue	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport Number	Passport Issue Date	Passport Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

D. FAMILY RELATIONS - APPLICANT 1

Marital Status	No. of Dependents	Ages of Dependents	Mother's Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse First Name	Spouse Surname	Next of Kin Full Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Next of Kin Relationship	Next of Kin Phone	Next of Kin Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

D. FAMILY RELATIONS - APPLICANT 2

Marital Status	No. of Dependents	Ages of Dependents	Mother's Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse First Name	Spouse Surname	Next of Kin Full Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Next of Kin Relationship	Next of Kin Phone	Next of Kin Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

E. EMPLOYMENT DETAILS - APPLICANT 1

Employment Status	Employment Type	Employment Basis	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Role	Employer Name	Employer Contact Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer Address	Phone Number	Start Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gross Monthly Base Income	Bonus	Overtime	Commission
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Employment Status	Employment Type	Employment Basis	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Role	Employer Name	Employer Contact Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer Address	Phone Number	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Rental Income	Tax Free Income	Other Income	Total Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes			
<input type="text"/>			

E. EMPLOYMENT DETAILS - APPLICANT 2

Employment Status	Employment Type	Employment Basis	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Role	Employer Name	Employer Contact Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer Address	Phone Number	Start Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gross Monthly Base Income	Bonus	Overtime	Commission
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Employment Status	Employment Type	Employment Basis	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Role	Employer Name	Employer Contact Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer Address	Phone Number	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Rental Income	Tax Free Income	Other Income	Total Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes			
<input type="text"/>			

F. MONTHLY EXPENSES

Utilities & Rates	\$	<input type="text"/>	Food & Groceries	\$	<input type="text"/>	Medical & Health	\$	<input type="text"/>	Child Care	\$	<input type="text"/>	Household Purchases & Maintenance	\$	<input type="text"/>
Rental Expense	\$	<input type="text"/>	Recreation & Entertainment	\$	<input type="text"/>	Transport	\$	<input type="text"/>	Child Maintenance	\$	<input type="text"/>	Insurance	\$	<input type="text"/>
Telephone, Internet & PayTV	\$	<input type="text"/>	Clothing & Personal Care	\$	<input type="text"/>	Education	\$	<input type="text"/>	Sport & Hobbies	\$	<input type="text"/>	Other	\$	<input type="text"/>
Total Expenses	\$	<input type="text"/>												

G1. ASSETS

Owner Occupied Property	Address	Value \$		Ownership
Investment Property 1	Address	Value \$	Monthly Rent \$	Ownership
Investment Property 2	Address	Value \$	Monthly Rent \$	Ownership
Investment Property 3	Address	Value \$	Monthly Rent \$	Ownership

G2 . OTHER ASSETS APPLICANT 1&2

Vehicle 1		Make and Model		Year made	Value \$	Ownership
Vehicle 2		Make and Model		Year made	Value \$	Ownership
Savings 1	Lender	Account Type	Account Number	Value \$	Ownership	
Savings 2	Lender	Account Type	Account Number	Value \$	Ownership	
Savings 3	Lender	Account Type	Account Number	Value \$	Ownership	
Savings 4	Lender	Account Type	Account Number	Value \$	Ownership	
Home Contents		Details		Value \$	Ownership	
Shares		Institution		Value \$	Ownership	
Superfund		Institution		Membership Number	Value \$	Ownership
Superfund		Institution		Membership Number	Value \$	Ownership
Other				Value \$	Ownership	
Total Assets						

H1. LIABILITIES

[illegible]

H2. OTHER LIABILITIES

[illegible]

H2. OTHER LIABILITIES (continued)

Credit Card 1	Lender	Type	Credit Card Number	Limit \$	Balance \$	Ownership	Refinance			
							<input type="checkbox"/>			
Credit Card 2	Lender	Type	Credit Card Number	Limit \$	Balance \$	Ownership	Refinance			
							<input type="checkbox"/>			
Credit Card 3	Lender	Type	Credit Card Number	Limit \$	Balance \$	Ownership	Refinance			
							<input type="checkbox"/>			
Personal Loan 1	Lender	Account Number	Interest Rate %	Ownership	Limit \$	Balance \$	Repayment p.m.	Linked Asset	Refinance	
									<input type="checkbox"/>	
Personal Loan 2	Lender	Account Number	Interest Rate %	Ownership	Limit \$	Balance \$	Repayment p.m.	Linked Asset	Refinance	
									<input type="checkbox"/>	
SMSF 1	Lender	Account Number	Interest Rate %	Ownership	Limit \$	Balance \$	Repayment p.m.	Repayment Type	Linked Asset	Refinance
										<input type="checkbox"/>
SMSF 2	Lender	Account Number	Interest Rate %	Ownership	Limit \$	Balance \$	Repayment p.m.	Repayment Type	Linked Asset	Refinance
										<input type="checkbox"/>
Education Debt 1	Details				Balance \$		Repayment p.m.		Ownership	
Education Debt 2	Details				Balance \$		Repayment p.m.		Ownership	
Total Liabilities Balance		Total Repayment (monthly)								

I. OBJECTIVES AND LOAN FEATURES - APPLICANT 1 & APPLICANT 2

Please state primary reasons for seeking credit and how this loan may help you fulfil your long term goals.

Select Loan Purpose:

☐ Purchase home (owner occupied)

☐ Refinance home/personal loan (owner occupied)

☐ Other owner occupied (e.g. home improvements, personal use)

☐ Purchase investment property

☐ Refinance investment loan

☐ Other investment (e.g. future purchase of property, shares)

If refinancing or consolidating debts: please provide details of the debts that are being refinanced or consolidated and the resulting benefit to you (mandatory).

Preferred Loan Features:

☐ Variable Rate

☐ Fixed Rate

☐ Multiple Account Splits

☐ Additional Payments

☐ Redraw

☐ Line of Credit

☐ Offset Account

☐ Loan Variations

☐ Portability

☐ Internet Banking

☐ Top Up

☐ Switch Loans

☐ Rate Lock

☐ Bridging Finance

☐ Fortnightly Repayments

☐ Interest Only

If selected Interest Only, please set out why you would like Interest Only repayments.

If selected Fixed Rate, please explain why you would like fixed rate period.

☐ I am aware there are penalties/break costs for early repayment of fixed rate loans.

Desired Loan Splits 1	Desired Loan Splits 2	Desired Loan Splits 3
Preferred Lenders	Any Lenders you do not wish to deal with?	

J. YOUR FINANCIAL SECURITY - APPLICANT 1 & APPLICANT 2

Have you ever had any financial judgments or legal proceedings against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you have any difficulty meeting your financial commitments in the past 2 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any of your existing debts currently in arrears?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you concerned about rising interest rates? How concerned are you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you expect any significant changes to your financial situation in the foreseeable future that would adversely impact your ability to meet your commitments? How do you expect to meet your commitments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please comment If you answered 'YES' to any of the questions		
<div></div>		

K. YOUR FINANCIAL PLANNING

Are there any specific issues that are of particular importance to you? Would you like someone to contact you about any of these?

☐ Insurance & Asset Protection
(protecting the things that matter)

☐ Debt/Financial Problem Solving
(taking better control of your financial affairs, minimising tax)

☐ Savings And Budgeting
(managing & improving household cash flow or starting to save)

☐ Superannuation
(do I have enough or the right super in place)

☐ Investment
(do I have enough or the right super in place)

☐ Life Events
(dealing quickly with sudden events)

☐ Home & Property
(borrowing & investing)

☐ Health & Healthcare
(strategies for health, agenig or medical needs)

☐ Estate Planning
(strategies for your family's future)

☐ Financial Structures
(establishment of financial vehicles & strategies)

☐ Retirement & Income Streams
(planning & retiring strategies)

☐ Financial Planning
(taking full control of your goals & financial future)

☐ Other
(please detail below)

L. INSURANCE

HOME AND CONTENTS

Name	Policy Number	Value	Premium month	Linked Contact(s)	Insurance Renewal Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VEHICLE

Name	Policy Number	Value	Premium month	Linked Contact(s)	Insurance Renewal Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRIVATE HEALTH

Name	Policy Number	Value	Premium month	Linked Contact(s)	Insurance Renewal Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TPD PROVIDER

Name	Policy Number	Value	Premium month	Linked Contact(s)	Insurance Renewal Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LIFE PROVIDER

Name	Policy Number	Value	Premium month	Linked Contact(s)	Insurance Renewal Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INCOME PROTECTION

Name	Policy Number	Value	Premium month	Linked Contact(s)	Insurance Renewal Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TRAUMA

Name	Policy Number	Value	Premium month	Linked Contact(s)	Insurance Renewal Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER

Name	Policy Number	Value	Premium month	Linked Contact(s)	Insurance Renewal Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

M. OTHER ADVISERS

ACCOUNTANT

Firm	Contact Person (First Name)	Contact Peson (Surname)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	E-Mail	Linked Contact(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

SOLICITOR

Firm	Contact Person (First Name)	Contact Peson (Surname)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	E-Mail	Linked Contact(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

REAL ESTATE AGENT

Firm	Contact Person (First Name)	Contact Peson (Surname)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	E-Mail	Linked Contact(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

FINANCIAL ADVISOR

Firm	Contact Person (First Name)	Contact Peson (Surname)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	E-Mail	Linked Contact(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant 1 Signature

Applicant 2 Signature