



Date 07/07/2016

Client Needs Analysis

YOUR DETAILS

Full Name (Client 1)

Full Name (Client 2)

YOUR REQUIREMENTS AND OBJECTIVES:

For example: purchase home, buy land, building, investment property, refinance, renovate, relocation, debt consolidation, study, holiday, car, boat, extra cash, etc.

What are the primary reasons for seeking credit (how will the funds will be used) or the reasons for a review of an existing credit contract?

1.

2.

3.

Additional Notes:

Amount of credit sought: \$

Term of credit sought:

If **purchasing property**, how long are you looking to retain the property for?

☐

< 2 years

☐

2-5 years

☐

5-10 years

☐

10 years plus

Please provide reasons below.

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

YOUR DETAILS:

CLIENT 1:				CLIENT 2:			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other				Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other			
Surname:				Surname:			
Given Names:				Given Names:			
Previous Name:				Previous Name :			
Date of Birth:	/	/	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	/	/	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status:		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Marital Status:		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Number of Dependents:		Ages:		Number of Dependents		Ages:	
Current Address:				Current Address:			
State:		P/Code:		State:		P/Code:	
Time at Current Address:		Years	Months	Time at Current Address:		Years	Months
Current Residential Status:				Current Residential Status:			
<input type="checkbox"/> Own Home <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Live with Family <input type="checkbox"/> Other				<input type="checkbox"/> Own Home <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Living with Family <input type="checkbox"/> Other			
Australian Citizen:		Resident of (if not Australia):		Australian Citizen:		Resident of (if not Australia):	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
If under 2 years, please provide previous address details:				If under 2 years, please provide previous address details:			
State:		P/Code:		State:		P/Code:	
Postal address (if different from residential address):				Postal address (if different from residential address):			
State:		P/Code:		State:		P/Code:	
Email Address:				Email Address:			
Home Phone Number:		()		Home Phone Number:		()	
Work Phone Number:		()		Work Phone Number:		()	
Mobile Number:				Mobile Number:			
Fax Number:		()		Fax Number:		()	
Preferred Daytime Contact Number:		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		Preferred Daytime Contact Number:		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	

YOUR EMPLOYMENT DETAILS:

CLIENT 1: Primary

Employment Type:

☐ PAYG ☐ Unemployed ☐ Retired ☐ Self Employed ☐ Home Duties

Employment Basis:

☐ Full Time ☐ Part Time ☐ Contract ☐ Temporary ☐ Casual

Occupation:

Employer/Company Name:

Employer/Company Address:

State: P/code:

Employer contact name and phone number(HR/Payroll contact):

Employer Email

Time at current employment:

Average hours per week (if casual or part time):

CLIENT 2:

Employment Type:

☐ PAYG ☐ Unemployed ☐ Retired ☐ Self Employed ☐ Home Duties

Employment Basis:

☐ Full Time ☐ Part Time ☐ Contract ☐ Temporary ☐ Casual

Occupation:

Employer/Company Name:

Employer/Company Address:

State: P/code:

Employer contact name and phone number(HR/Payroll contact):

Employer Email

Time at current employment:

Average hours per week (if casual or part time):

CLIENT 1: Previous Employment, if Primary under 2 years

Employment Type:

☐ PAYG ☐ Unemployed ☐ Retired ☐ Self Employed ☐ Home Duties

Employment Basis:

☐ Full Time ☐ Part Time ☐ Contract ☐ Temporary ☐ Casual

Occupation:

Employer/Company Name:

Employer/Company Address:

State: P/code:

Employer contact name and phone number(HR/Payroll contact):

Employer Email

Time at previous employment:

CLIENT 2: Previous Employment, if Primary under 2 years

Employment Type:

☐ PAYG ☐ Unemployed ☐ Retired ☐ Self Employed ☐ Home Duties

Employment Basis:

☐ Full Time ☐ Part Time ☐ Contract ☐ Temporary ☐ Casual

Occupation:

Employer/Company Name:

Employer/Company Address:

State: P/code:

Employer contact name and phone number(HR/Payroll contact):

Employer Email

Time at previous employment:

YOUR FINANCIAL POSITION: Assets EG Property, Car, Superannuation, Savings, Investments, Shares, Other

ASSET NAME	ADDRESS, MAKE/MODEL, INSTITUTE, OTHER	VALUE	OWNERSHIP IF NOT 100%

YOUR FINANCIAL POSITION: Liabilities EG Home Loan, Credit Cards, Personal Loans, Debts (show Credit Limit for Credit cards)

LIABILITY	LIMIT	REPAYMENT	AMOUNT OWING	INTEREST RATE %	OWNERSHIP IF NOT 100%	REFINANCE
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR INCOME AND EXPENDITURE:

ANNUAL INCOME:		
	Applicant 1 Before Tax	Applicant 2 Before Tax
PAYG Base Wage/Salary		
Bonuses/Overtime		
Other		
Total PAYG		
Self Employed Taxable Income		
Centrelink Family Tax A&B		
Other income (show details below)		
Details		

MONTHLY LIVING EXPENSES	
EXPENSE TYPE	\$ AMOUNT (MONTHLY)
Food/Housekeeping	
Insurances (e.g. Motor vehicles, Home Contents/Building, Medical, Life/Income Protection)	
Utilities (e.g. Rates, Gas, Electricity, Transport)	
Transport (e.g. Public Transport, Petrol Registration, Repairs)	
Education (e.g. School, College, University)	
Dependant Support (e.g. Childcare, Child Maintenance)	
Entertainment	
Other Detail*	
*	

PREFERRED INTEREST RATE TYPE
<input type="checkbox"/> Fixed Rate - It is important to have certainty about the interest rate and/or repayment amount for a fixed time.
<input type="checkbox"/> Variable Rate - It is important to have an interest rate that fluctuates over the term of the loan in line with market interest rate changes
<input type="checkbox"/> Fixed and variable - It is important to have a loan with a combination of fixed and variable interest rates.
<input type="checkbox"/> No Preference -
PREFERRED REPAYMENT TYPE
<input type="checkbox"/> Principal & Interest - It is important to have repayments that include both the principal amount borrowed and the interest payable, so that the loan is repaid in full by the end of the loan's term
<input type="checkbox"/> Interest only - It is important to make interest only repayments for a specified term.
<input type="checkbox"/> Interest Only In Advance - It is important to have the ability to make an advanced or lump sum interest only payment
<input type="checkbox"/> No Preference -

PREFERRED LOAN FEATURES		
FEATURE	DESCRIPTION	REQUIRED
Pay off quickly / additional payments	It is important that the loan is paid off quickly and that additional payments are allowed without penalty.	Yes <input type="checkbox"/> No <input type="checkbox"/> Optional <input type="checkbox"/>
Ability to Split Loan	It is important to have more than one loan sub account/s, or a separate account for savings/investment funds, for tax, accounting or personal expense purposes.	Yes <input type="checkbox"/> No <input type="checkbox"/> Optional <input type="checkbox"/>
100% Offset Available	It is important to have a separate savings account linked to the loan that offsets the savings balance against the loan balance	Yes <input type="checkbox"/> No <input type="checkbox"/> Optional <input type="checkbox"/>
Construction	It is important to have the funds available to build or renovate a property.	Yes <input type="checkbox"/> No <input type="checkbox"/> Optional <input type="checkbox"/>
Re-draw Facility	It is important to have access to additional repayment funds should it be required.	Yes <input type="checkbox"/> No <input type="checkbox"/> Optional <input type="checkbox"/>
Any Lender you prefer or wish to avoid?	Detail:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other features sought	Detail:	Yes <input type="checkbox"/> No <input type="checkbox"/>

YOUR FINANCIAL SECURITY:	
Have you received advice from an accountant, solicitor or financial planner regarding your requirements or financial objectives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details below:	
DIFFICULTY IN MEETING FINANCIAL COMMITMENTS:	
Have you had difficulty in meeting your financial commitments in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details below:	

GUARANTEES/COMMITMENTS:

Do any applicant(s) act as a Guarantor, Director or Trustee?

☐ Yes ☐ No

If yes, please provide details below.

Have there been any credit applications submitted in the last 3 months for any applicant(s)?

☐ Yes ☐ No

If yes, please provide details below.

JUDGEMENTS, ATTACHMENTS, OR LEGAL PROCEEDINGS:

Have there ever been or are there now any judgements, Defaults, attachments, or legal proceedings against you?

☐ Yes ☐ No

If yes, please provide details below.

PROTECTING YOUR LIFESTYLE / ASSETS:

It is important to ensure you have adequate personal risks protection. We provide a no-obligation Loan Protection Policy quote to our clients aged 18-59. If you are in that age range, please advise:

Is applicant 1 a smoker? ☐ Yes ☐ No Is Applicant 2 a smoker? ☐ Yes ☐ No

How would you meet your commitments and maintain a reasonable lifestyle if you and / or your partner were:

- Temporarily unable to earn an income, for example through sickness / illness? _____
- Permanently unable to earn income, for example through death or permanent disability? _____

If you do not have adequate protection, please consider accepting the Loan Protection Policy quote we provide.

Would you like someone to contact you regarding home and contents insurance?

☐ Yes ☐ No**CHANGES TO YOUR CURRENT CIRCUMSTANCES?**

Do you anticipate any material changes to your financial situation? For example changes in employment, income or expenditure?

☐ Yes ☐ No

If yes, please provide details below.

ADDITIONAL CLIENT NOTES:**PLEASE PROVIDE THE FOLLOWSING SUPPORT DOCUMENTS:**

1. Last two payslips for each applicant
2. *If Self Employed* - Last 2 years Tax Returns & ATO Assessment Notices)
3. Current Centrelink Statement of Benefits Pension/Family Tax A&B (if applicable)
4. Last 3 months transaction & savings statements (showing savings & salary credits)
5. Last 6 months statements for the existing Mortgage *and* any other accounts you'd like to consolidate
6. Last paid Council & Water Rates Notice
7. Photographic ID - Usually Drivers Licence or Passport, & Medicare Card
8. Signed Privacy Consent