# **CLIENT FACT FIND**

**BROKER**:

Applicants:

**Initial Appointment Date:** 

Source / Referrer:

**Transaction Type:** 



ABN 87317269083

Version 2.0 February 2021

Fact Find: PERSO	NAL DETAILS		Date Completed:		
	APPLICANT 1		APPLICANT 2		
Applicant Role:	Primary App / Co-Applicant / Other:		Primary App / Co-Applicant / Other:		
	Company / Guarantor / Other:		Company / Guarantor / Other:		
	dd further details below				
Company Type:		Industry:			
A.C.N.		Registration Date:			
A.B.N.		Registered Where:	Vic / NSW / QLD / SA /	WA / Tas / NT	
Beneficial Owner(s) or	1		2		
Trustees:	3		4		
First Name					
Middle Name(s)					
Surname		Mr/Mrs/Ms/Miss/Dr		Mr/Mrs/Ms/Miss/Dr	
Preferred Name					
Date of Birth		Male / Female		Male / Female	
Place of Birth				Male / Temale	
Marital Status	Single / Married / DeFacto / Divorced / Separate	d / Widowed / Other	Single / Married / DeFacto / Divo	rced / Separated / Widowed / Other	
Aust Tax Resident	Yes / No		Yes / No		
Residency	Australia / Other:		Australia/ Other:		
Citizenship	Australia / Other:		Australia/ Other:		
Home Address:					
Min 3 yrs history					
required	Own/ Mtg/ Rent/ Boarding/w Parents/ Oth	er	Own/ Mtg/ Rent/ Boarding/w Parents/ Other		
	From:	Current	From:	Current	
Prev. Address:					
	Own/ Mtg/ Rent/ Boarding/w Parents/ Oth	er	Own/ Mtg/ Rent/ Boarding/w P	arents/ Other	
	From:	To:	From:	To:	
Prev. Address:					
	Own/ Mtg/ Rent/ Boarding/w Parents/ Oth	er	Own/ Mtg/ Rent/ Boarding/w P	arents/ Other	
	From:	To:	From:	To:	
Mailing Address					
(if different to above)					
Home Phone:					
Mobile:					
Email:					
No. Dependants					
Ages					
Mothers Maiden Name					
	<u>IDENTIFICATION</u>	N - Documents on FIL	E / used to verify ID		
ID Doc 1					
ID Doc 2					
Name of nearest rela	tive not living with you	THIRD PARTY CONTA	<u>CTS</u>		
Contact Name:					
Relationship to you	Phone:			Phone:	
Address					
Accountant Details - Contact Name:	tor Self Employed	Organisation:			
Address:		Organisanon.		Phone:	
Solicitors details				. 1010.	
Contact Name:		Organisation:			
Address				Phone:	

## INCOME / EMPLOYMENT (min 3years history required)

	Applicant 1	Applicant 2
Employment Status	Primary / Secondary / Retired / Student / Home Duties	Primary / Secondary / Retired / Student / Home Duties
(more than 1 may	Govt Benefits / Temporary / Public Sector / Private Sector	Govt Benefits / Temporary / Public Sector / Private Sector
apply)	PAYG / Self Emp / Unemployed	PAYG / Self Emp / Unemployed
	Full time / Part time / Casual / Contract / Other:	Full time / Part time / Casual / Contract / Other:
Occupation		
Employer Name:		
Employer Address:		
Employer Phone:		
Contact Name:		
Employer ABN:		
Emp Start Date		
PREVIOUS or SECO	NDARY EMPLOYMENT	
Employment Status	Primary / Secondary / Retired / Student / Home Duties	Primary / Secondary / Retired / Student / Home Duties
(more than 1 may	Govt Benefits / Temporary / Public Sector / Private Sector	Govt Benefits / Temporary / Public Sector / Private Sector
apply)	PAYG / Self Emp / Unemployed	PAYG / Self Emp / Unemployed
	Full time / Part time / Casual / Contract / Other:	Full time / Part time / Casual / Contract / Other:
Occupation		
Employer Name:		
Employer Address:		
Employer Phone:		
Contact Name:		
Employer ABN:		
Emp Start Date	End Date:	End Date:
PREVIOUS or SECO	NDARY EMPLOYMENT	
Employment Status	Primary / Secondary / Retired / Student / Home Duties	Primary / Secondary / Retired / Student / Home Duties
(more than 1 may	Govt Benefits / Temporary / Public Sector / Private Sector	Govt Benefits / Temporary / Public Sector / Private Sector
apply)	PAYG / Self Emp / Unemployed	PAYG / Self Emp / Unemployed
	Full time / Part time / Casual / Contract / Other:	Full time / Part time / Casual / Contract / Other:
Occupation		
Employer Name:		
Employer Address:		
Employer Phone:		
Contact Name:		
Employer ABN:		
Emp Start Date	End Date:	End Date:

INCOME				
	Applicant 1		Applicant 2	
Salary Gross	\$	monthly	\$	monthly
Salary Net	\$	monthly	\$	monthly
Rental (existing)	\$	monthly	\$	monthly
Rental (new)	\$	monthly	\$	monthly
Family Allowance	\$	monthly	\$	monthly
Pension	\$	monthly	\$	monthly
Overtime	\$	monthly	\$	monthly
Investment	\$	monthly	\$	monthly
Self Employed - profit	\$	monthly	\$	monthly
Other:	\$	monthly	\$	monthly
Other:	\$	monthly	\$	monthly
TOTAL MONTHLY:	\$		\$	
Verified using:	Payslips / PAYG Summary / ITR's / Other:		Payslips / PAYG S	ummary / ITR's / Other:

#### ASSETS & LIABILITIES

PROPERTIES								
	Mthly pmt	Limit	Current Balance	<u>Lender</u>	Acct #	Using as Security	<b>Refinancing</b>	<u>Ownership</u>
PROPERTY 1	\$	\$	\$					Joint/App1/App2
Value	\$	Address:				OO / INV	Term / Rate:	
PROPERTY 2	\$	\$	\$					Joint/App1/App2
Value	\$	Address:				OO / INV	Term / Rate:	
PROPERTY 3	\$	\$	\$					Joint/App1/App2
Value	\$	Address:				OO / INV	Term / Rate:	
PROPERTY 4	\$	\$	\$					Joint/App1/App2
Value	\$	Address:				OO / INV	Term / Rate:	

Other	Assets & Liabili	ties (MONTHLY)							
		Approx Value:	<u>Liability</u>	Current Balance	Monthly Repmt	Lender	Account / Asset Details:	<u>Refinancing</u>	Ownership
Home Co	ntents	\$					1		Joint / Ap1 / Ap2
	1	\$							Joint / Ap1 / Ap2
unts	2	\$							Joint / Ap1 / Ap2
Accol	3	\$							Joint / Ap1 / Ap2
γ sβι	4	\$							Joint / Ap1 / Ap2
Savings Accounts	5	\$							Joint / Ap1 / Ap2
	6	\$							Joint / Ap1 / Ap2
or	1		\$	\$	\$				Joint / Ap1 / Ap2
Cards ft	2								Joint / Ap1 / Ap2
Credit / Store Cards or Over draft	3		\$	\$	\$				Joint / Ap1 / Ap2
t / St Ove	4		\$	\$	\$				
Credi	5								Joint / Ap1 / Ap2
	1	•	\$	\$	\$				Joint / Ap1 / Ap2
hicle	2	\$		\$	\$				Joint / Ap1 / Ap2
r Ve	3	\$		\$	\$				Joint / Ap1 / Ap2
Motor Vehicles	4	\$		\$	\$				Joint / Ap1 / Ap2
		\$		\$	\$				Joint / Ap1 / Ap2
-	innuation	\$							Joint / Ap1 / Ap2
	innuation	\$							Joint / Ap1 / Ap2
	naintenance	\$							Joint / Ap1 / Ap2
Rental	Expense	\$				1			Joint / Ap1 / Ap2
<b>ATO</b>	1	\$	\$	\$	\$				Joint / Ap1 / Ap2
an, i	2	\$	\$	\$	\$				Joint / Ap1 / Ap2
al Lo etc	3	\$	\$	\$	\$				Joint / Ap1 / Ap2
rson	4	\$	\$	\$	\$				Joint / Ap1 / Ap2
isets, Personal L debts, HECS etc	5	\$	\$	\$	\$				Joint / Ap1 / Ap2
Other: Assets, Personal Loan, ATO debts, HECS etc	6	\$	\$	\$	\$				Joint / Ap1 / Ap2
r: As	7	\$	\$	\$	\$				Joint / Ap1 / Ap2
Othe	8	\$	\$	\$	\$				Joint / Ap1 / Ap2
0	9	\$	\$	\$	\$				Joint / Ap1 / Ap2

## LIVING EXPENSES (monthly)

Personal	Housing	Transport	Education	Utilities/Other	
Clothing	\$ Land rates	\$ Petrol	\$ School Fees	\$ Health Ins	\$
Hairdresser/Cosmetics	\$ Water Rates	\$ Maintenance	\$ Uniforms	\$ Electricity	\$
Groceries	\$ House & content	\$ Rego	\$ Self Education	\$ Gas	\$
Restaurants	\$ Repairs	\$ Insurance	\$ Excursions	\$ Phones	\$
Sport/ club fees	\$ Strata Levies	\$ License	\$ Tutoring/Books	\$ Internet	\$
Magazines etc	\$	Other Transport	\$ Pre-School	\$ Pay TV	\$
Holidays	\$	Parking	\$ Child Care	\$ Garden/Pool	\$
Gifts / Pocket money	\$				
Alchohol / Cigarettes	\$				
Doctor/dentist/ chemist	\$				
Pets	\$				
TOTAL:	\$ TOTAL:	\$ TOTAL:	\$ TOTAL:	\$ TOTAL:	\$

#### **Requirements & Objectives for this loan**

#### Minimum enquiries to include:

- \* the purpose for which the credit is sought and the benefit to the consumer.
- \* the amount of credit needed or the max. amount of credit sought
- \* the timeframe for which the credit is required
- \* the term o fthe loan relative to the likely useful life of the asset
- \* The type of product, interest rate and special conditions applying to the credit contract & the relative fees
- \* whether the consumer seeks particular product features or flexibility
- \* whether the consumer understands the costs of those features and any additional risks

Example: Purchase of house for owner occupation purposes. Plan to conduct some renovations and require additioanl funds for design / decoration. Plan to remain in property for 10+ years. Would prefer consistency in repayments in the medium term and then plan to start additional repayments.

	Leav 9		
Repayment Type		<u> Product Information</u> <u> rimary Purpose</u>	<u>Requested Loan Term (years)</u>
P&I		Purchase 00	10 / 15 / 20 / 25 / 30
Int. Only -Term		Purchase Land	Other:
Line of Credit	Intro Rate	Purchase INV	Refinancing /Consolidation:
Interest in Adv		Refi 00	Consolidating or Restructuring
Repmt Frequency	Debit Card	Refi INV	More Competitive pricing
Weekly	Product Type	Refi Land	Convenience & Flexibility
Fortnightly	Std Variable	Construction 00	Specific features & products
Monthly	Basic Variable	Construction INV	Unhappy with current bank
Rate Type	Equity/ LOC	Bridging	Approx Payout figure - \$
Variable	Intro/discount	PRE APPROVAL	Approx Costs: \$
Fixed -Term:	Reverse Mtg		TOTAL: \$
	<u>Applicar</u>	nt Funding Information	<u>1</u>
Eligible for FHOG?	YES / NO -\$	<u>Client Cont</u>	ribution / deposit funds
Any FHB Bonuses?	YES / NO - \$	Savings:	\$
Stamp Duty Concession?	YES / NO	Gifted Fund	ls: <u></u> \$
Expected LVR (approx)	%	Deposits Pa	aid:
LMI (approx if applicable)	\$	Servicing G	uarantor
BASE LOAN AMOUNT \$		Equity (no	deposit)
		Other	
	<u>Secur</u>	rity Property Details	
Address:			Postcode:
Est Value: \$	Purch Price: \$	Build	Price: \$
Contact for Access:			
Address:			Postcode:
Est Value: \$	Purch Price: \$	Build	Price: \$
Contact for Access:			
Address:			Postcode:
Est Value: \$	Purch Price: \$	Build	Price: \$
Contact for Access:			

NOTES:	

Genera	Considerations - Financial Circumstances
List any significant financial / credit history that has impa	cted on the applicants
Has there been any financial strees or applications for hardship from any existing loan debt? If YES,	Yes
please descibe:	ΝΟ
Have there been any defaults on any loans or debts? If YES,	Yes
how long ago and what details:	NO
Is there a record of genuine savings in the last 12 months?	Yes
	<b>s that are reasonably foreseeable</b> tionships, significant sickness, expenses changing due to geographical location
Are there any circumstances that you are aware of that could affect your ability to repay this loan?	Yes
could affect your ability to repay this toall:	ΝΟ
What type of change is expected	
Please describe the change	
How will these changes be overcome (in order to meet the repayments)?	
Would you like a comparison quote on your insurances?	YES / NO
Do you have a Financial Advisor?	YES / NO
If NO, would you like to speak to a Financial Planner?	YES / NO
	ADSDEN
Client Acknowledgement & Declarati	on FINANCE

# **Client Acknowledgement & Declaration**

 ${\rm I}$  / we acknowledge that the information given in this Client Fact find is true and correct.

Applicant 1 Signature:	Applicant 1 Signature:
Name (PRINT)	Name (PRINT)
Date:	Date: