

Date and Time of Interview	
Referred by	
Broker Name	



Your Personal Details								
	Applicants 1				Applicant 2			
Family Name								
Given Name								
Title								
Previous Name								
Gender					Select			
Date Of Birth								
Marital Status					Select			
Dependents								
Mother Maiden Name								
Are You a PR?	Yes	No			Yes	No		
Drivers License No	No	Exp. Date	State		No	Exp. Date	State	
Contact Details	Ph No.				Ph No.			
	E-mail				E-mail			
Residential Address								
Date Moved In								
Housing Status	Own Home	Renting	With parents	Other	Own Home	Renting	With parents	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Previous Residential Addresses if less than 3 years								
Residential Address								
Date Moved In								
Date Moved Out								

Your Employment Details

Occupation						
Employer's Name and ABN						
Employer's Address						
Contact Person						
Contact Number						
Role description						
Employment Type	PAYG <input type="checkbox"/>	Self- Employed <input type="checkbox"/>	Other (Details) <input type="checkbox"/>	PAYG <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Other (Details) <input type="checkbox"/>
Employment Basis	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Other (Details) <input type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Other (Details) <input type="checkbox"/>
Date Commenced						
Gross Income						
Rental Income						
Other Incomes						

Previous Employment (if less than three years)

Occupation						
Employer's Name						
Employer's Address						
Contact Person						
Contact Number						
Employment Type	PAYG	Self – Employed	Other	PAYG	Self – Employed	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Full Time	Part Time	Other	Full Time	Part Time	Other
Employment Basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start Date						
Finish Date						

Your Business Details (if applicable)

Business Name		
Business Address		
Are you a sole trader?	Yes	No
Are you the director of a company?	Yes	No
Company Name		
Company Address		
Are you the Trustee of a Trust?	Yes	No
Trust's Name		
Does the business have any borrowings?	Yes	No
If so would you like these arrangements reviewed?	Yes	No
How long the ABN has been registered?		
How long GST has been registered?		

Further Information

Loan Structure Discussed

1. Loan Amount :

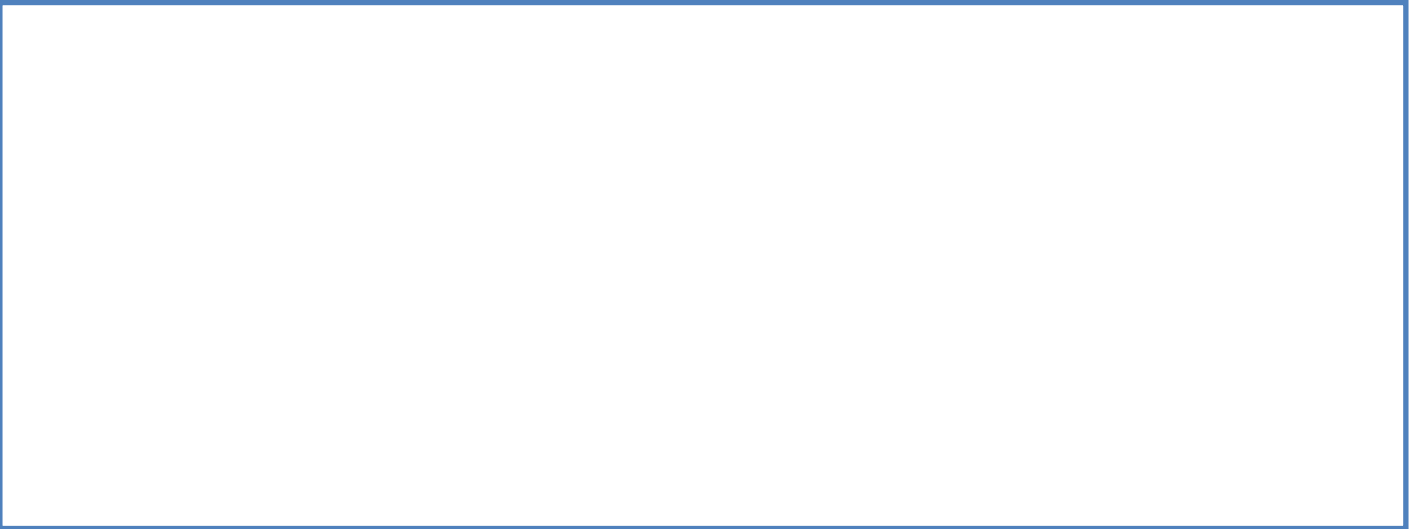
2. Loan Purpose:

3. Loan Term:

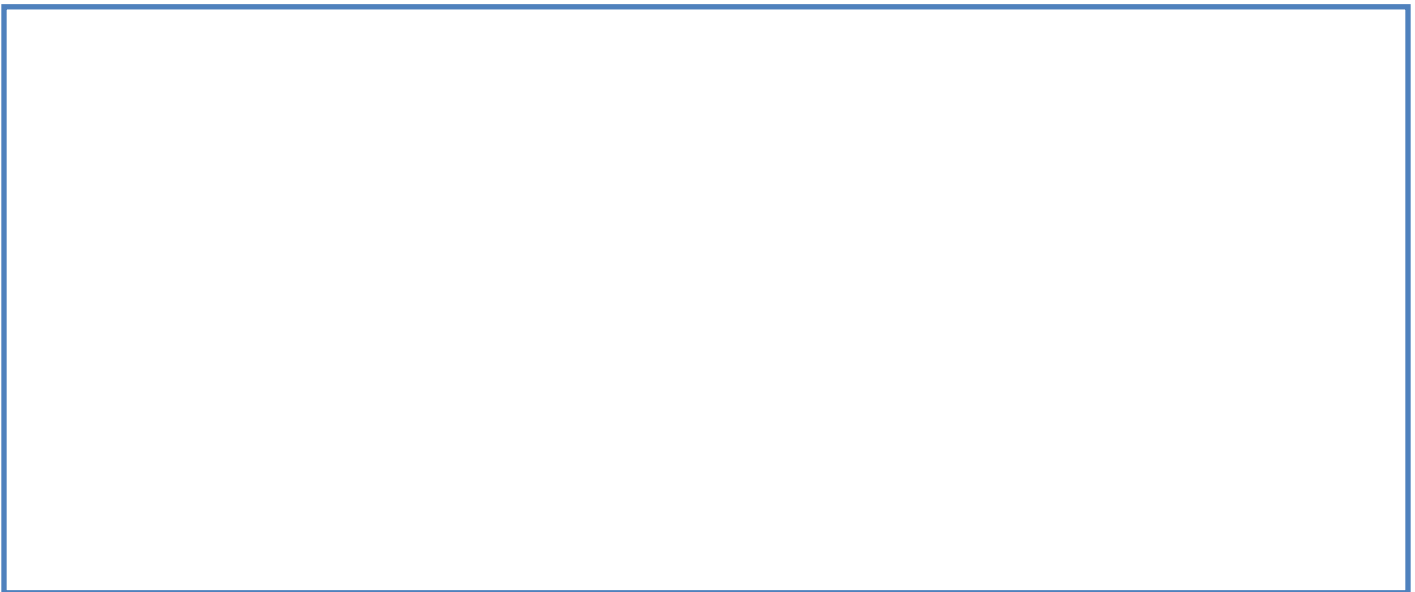
4. Documents Required:

5. Documents Required if self employed:

Notes:

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Security

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Your Statement of Position

Assets		Liabilities			Monthly Repayment	
Savings Accounts Financial Institutions	Current Value	Credit Lines - Financial Institution	Limit	Amount Owing	Repayment	Years
Real Estate Addresses	Current Value	Home Loans – Financial Institution	Limit	Amount Owing	Repayment	
Motor Vehicles Make & Year	Current Value	Credit Card - Financial Institution	Limit	Amount Owing	Repayment	
Superannuation	Current Value	Personal Loans - Financial Institution	Expiry Date	Amount Owing	Repayment	
Home Contents	Current Value	Others				
Total Assets		Total Liabilities				

Total Monthly Repayments					
Life Insurance Sum Insured	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td> </td> </tr> <tr> <td style="text-align: center;">2</td> <td> </td> </tr> </table>	1		2	
1					
2					

Do you expect any changes to your net asset position in the foreseeable future?

Notes :

NAME OF THE APPLICAN 1	NAME OF THE APPLICAN 1
SIGNATURE OF APPLICANT 1	SIGNATURE OF APPLICANT 1

MONTHLY LIVING EXPENSES

PARTICULARS	
Utilities and Rates Owner Occupied Property	
Utilities and Rates Investment Property	
Telephone, Internet, Pay TV & Streaming Services	
Groceries	
Recreation & Entertainment	
Clothing and Personal Care	
Medical and Health (Excluding Health Insurance)	
Transport	
Education	
Childcare	
Insurance	
Others	
Total	

Vehicle Being Purchased

1. Make	
2. Model	
3. Body	
4. Supplier	
5. Extras	
6. Year	
7. Trans	
8. KM's	
9. Fuel	

Declaration & Acknowledgement

I / We declare that we have reviewed this document and confirm the information contained within is complete and accurate to the best of my / our knowledge.

I / We understand that the factual information contained within this document is relied upon in making a preliminary assessment. I/We declare that we have received a copy of the Credit Guide & Privacy Act for my/our records.

I/we hereby declare that the information provided is true and correct.

I/ we understands that rates and fees are subject to change without notice. Different rates may apply for deposits lodged by financial institutions. Full terms and conditions are available on application. Bank and Government charges may apply.

All the products are chosen after full consideration and under no pressure of broker and whosoever.

I/we have provided our consent to apply home loan and understands that will be a credit check on my file.

I/We have carefully checked the Assets & Liabilities that are declared in the application and confirm the details to be correct.

I have checked the living expenses declared and find them correct.

I have provided income documents provided in the application and I am comfortable for my employer to be contacted for further verification.

Applicant 1

Applicant 2

Signature:

Signature:

Date:

Date: