INFORMATION QUESTIONNAIRE / NEEDS ANALYSIS

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TE – This is **NOT** an application form. This information is used to assess your needs and formulate your applicati

APPLICANT ONE (1) P		APPLICANT TWO (2) PERSONAL INFORMATION						
Surname:		Surname:						
First & Middle Names:		First & Middle Names:						
DOB: / /	Marital Status	;	DOB: / /	Marital Status:				
No. of Dependents:	Age of Depen		No. of Dependents:	Age of Dep				
Current Address:	J		Current Address:					
	Postcode:			Postcode:				
Time at current address: yrs	Own/Rent/	Board/Other	Time at current addr	ess: yr	s Own/Rent/Board/Other			
Postal Address:			Postal Address:					
	Postcode:			Postcode:				
Previous Address:			Previous Address:					
	Postcode:		Postcode:					
Time at previous address: yrs	Own/Rent/	Board/Other	Time at previous add	lress: yr:	s Own/Rent/Board/Other			
Home Phone: ()			Home Phone: ()					
Mobile Phone:			Mobile Phone:					
Email:			Email:					
Licence No:	Expiry:	/ /	Licence No:		Expiry: / /			
Any negative credit history:			Any negative credit h	nistory:				
APPLICANT ONE (1) EMPLOYMENT INFORMATION			APPLICANT TW	0 (2) EMPL	DYMENT INFORMATION			
PAYG EMPLOYED / SELF EMPI	OYED / UNEMP	LOYED / OTHER	PAYG EMPLOYED / SELF EMPLOYED / UNEMPLOYED / OTHER					
PAYG EMPLOYED ON	LY - APPLICAN	T ONE (1)	PAYG EMPLOYED ONLY - APPLICANT TWO (2)					
Employer Name:			Employer Name:					
Address:			Address:					
	Postcode:		Postcode:					
Phone: ()			Phone: ()					
Contact Name:			Contact Name:					
Commenced: / / FT / P PT / CAS PT / CAS FT			Commenced: /	/	FT / P PT / CAS PT / CAS FT			
Job Description:			Job Description:					
Salary / Wages: \$		Salary / Wages: \$ per:						
Previous Employer:		Previous Employer:						
Duration: From / / To: / /			Duration: From / / To: / /					
Job Description:			Job Description:					
	SELF EMP	LOYED / BUSINESS	ONLY – APPLICANT 1	& 2				
Sole Trader / Partnership / Compa	ny Trading	ABN:			Since: / /			
Company Name:								
(if applic) As Trustee For:				(unit / discretionary)				
Trading Name:								
Primary Business Activity:			Years In Industry:					
Trading Address:				Postcode:				
Company Directors: Company Shareholde 1) 1) 2) 2) 3) 3) 4) 4)			s: Trust Beneficiaries (if applic): 1) 2) 3) 4)					
Any negative company credit histo	ry:		Last Submitted Tax	Return Year	: 30/6/ to 30/6/			
Last Financial Year APPROXIMATE Pr Total Income/Sales (total revenue) Total Expenses (total costs) - Net Profit (net taxable income) -		Accountant Name Firm Name: Phone: () Email Address:	Phone: ()					

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ASSETS				LIABILITIES					
Current Property Address:			Lender:		-	k			
		Postcode:	Since: /	/	Variable / Fixed	Fixed Time Remaining:			
Value: \$	Rent	Received (if applic): \$	Owing: \$	Owing: \$ Monthly Payment: \$					
Original Purchase Price: \$	urchase Price: \$ Owned Since / /			yments onths	Are all payme	Are all payments up-to-date Y /			
Other Property Address:			Lender:						
		Postcode:	Since: /	/	Variable / Fixed	Fixed Time Remaining:			
Value: \$	Ren	t Received: \$	Owing: \$		Monthly Pay	ment: \$			
Original Purchase Price: \$		Owned Since / /	Any missed payments In past 6 months Y / N Are all payments up-to-date Y						
Other Property Address:			Lender:						
		Postcode:	Since: /	/	Variable / Fixed	Fixed Time Remaining:			
Value: \$	Ren	t Received: \$	Owing: \$		Monthly Pay	ment: \$			
Original Purchase Price: \$		Owned Since / /	In past 6 m	Any missed payments In past 6 months Y / N					
Your Primary (day-to-day) B	Credit Card Provider:								
Balance: \$			Limit: \$ Balance: \$						
Your Other Account/Bank:			Credit Card Provider:						
Balance: \$			Limit: \$ Balance: \$						
Your Other Account/Bank:			Credit Card F	rovidei		_			
Balance: \$ Current Motor Vehicle 1: Year:				Limit: \$ Balance: \$					
Make:	Lender (if applic):			Y /N					
Value: \$			Owing: \$		Any misse	payments in past 6 months Y / N			
Owned Since / / Original Purchase Price \$			Monthly Paym	ent: \$		Months Remaining:			
Current Motor Vehicle 1: Year: Make: Model:			Lender (if applic):			Secured against car: Y /N			
Value: \$			Owing: \$		Any misse	d payments in past 6 months Y / N			
Owned Since / / Original Purchase Price \$			Monthly Paymo	ent: \$	Months Remaining:				
Home Contents:		\$	Store Card P	rovider					
Total Combined Superannuation: \$			Limit: \$	Limit: \$ Balance: \$					
Shares / Investments:		\$		Personal/Unsecured Loan Provider:					
Other: \$			Balance: \$	Balance: \$					
AF		ANT ONE (1) AND TWO (2) PER DO NOT INCLUDE ANY ONGOING			COMMITMEN	rs			
Ongoing Monthly Rent:	\$		Other:						
Private School Fees:	\$		Other:		\$				
Private Health Insurance: \$			Other:		\$				
Have you had any difficulty	meetir	g your financial commitments in the	past two (2) ye	ars:		Y / N			
Have you received financial	advice	from an accountant or adviser in reg	gards to your ol	ojective	es:	Y / N			
			Do you anticipate any material changes to your financial situation: $ m Y$ / $ m N$						

APPLICANT ONE (1) AND TWO (2) BUSINESS ASSETS & LIABILITES ONLY APPLICABLE FOR BUSINESS RELATED ASSETS & LIABILITIES								
ASSETS	LIABILITIES							
Property 1:	\$	Mortgage Loan 1	:	\$				
Property 2:	\$	Mortgage Loan 2:		\$				
Vehicle 1:	\$	Vehicle Finance 1	:	\$				
Vehicle 2:	\$	Vehicle Finance 2	:	\$				
Bank Account 1:	\$	Business Credit C	ard 1:	\$				
Bank Account 2:	\$	Business Credit C	ard 2:	\$				
Machinery/Equipment:	\$	Equipment Finance	ce:	\$				
Tools:	\$	Business Loan:		\$				
Business Value:	\$	Tax Debt:		\$				
Other Asset/s:	\$	Other Debt:		\$				
Have you had any difficulty meeting your busines	s financial commitmen	ts in the past two (2) years:	Y /	Ν			
Do you have a current arrangement (ie payment	plan) to repay tax owe	d to the ATO:		Y /	N			
if yes, what are the plan arrangements: \$	per month for	months	Payments up-to-d	ate? Y	/ N			
Do you anticipate any material changes to your b	ousiness, the structure	or forecasted rever	iue:	Y /	Ν			
If yes to any of the above, please comment								
APPLICANT ON	E (1) AND TWO (2) R	EQUIREMENTS &	OBJECTIVES					
What type of loan do you require:								
What is the purpose of the loan:								
How much do you need to borrow: \$ Preferably over how long: months								
PROPERTY SECURITY Address:								
Type: Description (dwelling size, land size, no. bedrooms, etc):								
Best contact for access - Name: Phone:								
VEHICLE SECURITY								
Year: Make:								
Sed / Wagon / Utill / Oth 4wd / 2wd No. C		o / Man Colo	Sub-Model:	Pe	trol/Diesel			
Reg No: Vin No:			Engine No:					
	(Trade-in (if applic): ¢			Pecidual	%			
OTHER SECURITY Description:								
I OAN PREFERENCES - Please id	dentify any preferences	vou have If no pr	eferences then leav	e hlank				
LOAN PREFERENCES – Please identify any preferences you have. If no preferences then leave blank. Variable / Fixed (Fixed Term : yrs) Principal & Interest / Interest Only (Interest only for yrs)								
Repayment Method: Direct Debit / Direct Credit / Capitalised / Other Frequency: Weekly / Fortnightly / Monthly / Paid in Advance								
Split the total loan in to: Split Loan 1: \$ Fixed / Var Split Loan 2: \$ Fixed / Var								
Other Loan Features:								
Redraw - Offset Account - Loan Portability - Line of Credit - Cheque Access - Branch Access - Other								
Please specify any other needs or requirements:								

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