

# Client Needs Analysis Fact Find

## A. Personal Details

<b>Applicant 1</b>		
Full Name of Applicant		
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Full Name		
Marital Status		Date of Birth
Please Select ▼		
Mobile	Home Phone	
Work Ph	Email	
Current Home Address		
Suburb	Postcode	
Time at Current Address		
Yrs	Mths	
Previous Address - If less than 3 years		
Suburb	Postcode	
Time at Previous Address		
Yrs	Mths	
Name of Nearest Relative / Next of Kin		
		Phone
Drivers Licence No	Drivers Lic State	Drivers Lic Exp
	Please Select ▼	
Current Occupation		
Employer Details		
Company		
Address		
Suburb	Postcode	
Time Employed Yrs Mths	Start Date	
Employer Contact Name		
Employer Contact Ph		
Previous Occupation - If less than 3 years		
Name of Previous Employer		
Time Employed with Previous Employer		
Years	Months	
Dependants Please Select ▼		
Full Name		
DOB	Financially Dependant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full Name		
DOB	Financially Dependant Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Applicant 2</b>		
Full Name of Applicant		
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Full Name		
Marital Status		Date of Birth
Please Select ▼		
Mobile	Home Phone	
Work Ph	Email	
Current Home Address		
Suburb	Postcode	
Time at Current Address		
Yrs	Mths	
Previous Address - If less than 3 years		
Suburb	Postcode	
Time at Previous Address		
Yrs	Mths	
Name of Nearest Relative / Next of Kin		
		Phone
Drivers Licence No	Drivers Lic State	Drivers Lic Exp
	Please Select ▼	
Current Occupation		
Employer Details		
Company		
Address		
Suburb	Postcode	
Time Employed Yrs Mths	Start Date	
Employer Contact Name		
Employer Contact Ph		
Previous Occupation - If less than 3 years		
Name of Previous Employer		
Time Employed with Previous Employer		
Years	Months	
Dependants Please Select ▼		
Full Name		
DOB	Financially Dependant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full Name		
DOB	Financially Dependant Yes <input type="checkbox"/> No <input type="checkbox"/>	

**B. Income Details**

<b>Applicant 1</b>		
Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed		
Income <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$
Regular Overtime <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$
Rental Income <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$
Dividends & Interest <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$
Allowances & Pensions <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$
Company Profit (Pre-Tax)	Annual	\$
Add-backs <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$
Other <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$

<b>Applicant 2</b>		
Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed		
Income <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$
Regular Overtime <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$
Rental Income <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$
Dividends & Interest <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$
Allowances & Pensions <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$
Company Profit (Pre-Tax)	Annual	\$
Add-backs <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$
Other <input type="checkbox"/> Gross <input type="checkbox"/> Net	Annual	\$

**C. Assets**

Description		Value	Joint	App 1	App 2
Land & Buildings	Address	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land & Buildings	Address	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land & Buildings	Address	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle	Make      Year	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle	Make      Year	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle	Make      Year	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Accounts	Bank      BSB	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Accounts	Bank      BSB	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation	Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation	Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Contents		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares (Total)		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. Current Liabilities & Expenses

	Existing Financier	Monthly repayment	Amount Owing	Limit	To be paid out?	
Mortgages		\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mortgages		\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mortgages		\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Loan		\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overdrafts I LOC		\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit Card		\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit Card		\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hire Purchase		\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leases		\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Living Expenses Calculation

Please complete an estimation of your living expenses after the new loan facility has been drawn down.

Living Expenses	Monthly Cost
Utilities and Rates - Owner Occupied	\$
Utilities and Rates - Investment Properties	\$
Telephone/ Internet/ Pay TV	\$
Groceries	\$
Recreation and Entertainment	\$
Clothing and Personal Care	\$
Medical and Health	\$
Transport	\$
Education	\$
Childcare	\$
Insurance	\$
Other	\$
Private Health	\$
<b>Total</b>	<b>\$ 0.00</b>

## E. Security Details

### Security Property 1

Owner	Value \$	Land Type <input type="checkbox"/> Residential <input type="checkbox"/> Rural	Style <input type="checkbox"/> House <input type="checkbox"/> Town house <input type="checkbox"/> Unit <input type="checkbox"/> Vacant land <input type="checkbox"/> Duplex <input type="checkbox"/> Warehouse <input type="checkbox"/> Serviced Apt Other
Address			
Suburb	Postcode		
Name of contact for inspection		Phone number of contact for inspection	

## F. Loan Purpose

What are your goals and objectives?		
Do you know of any significant changes that may impact on your ability to make your loan repayment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what kind of change are you expecting?	<input type="checkbox"/> Temporary decrease in income <input type="checkbox"/> Permanent decrease in income <input type="checkbox"/> Anticipated Large expenditure	
If yes, how will you continue to make loan repayments?	<input type="checkbox"/> Securing additional income <input type="checkbox"/> Using	<input type="checkbox"/> My application reflects these changes <input type="checkbox"/> Reducing expenses
If this is a refinance, what are your reasons for refinancing?	<input type="checkbox"/> More Competitive Pricing Convenience <input type="checkbox"/> Flexibility of the product <input type="checkbox"/> Dissatisfaction with existing service levels	<input type="checkbox"/> Improved product features <input type="checkbox"/> Part of consolidation / restructuring of finances <input type="checkbox"/> Other
Are you a first home buyer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your primary loan purpose?	<input type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Top-up <input type="checkbox"/> Refinance <input type="checkbox"/> Line of Credit <input type="checkbox"/> Other	
What is the source of your deposit?	Genuine savings \$ First Home Owners Grant \$ Gifts \$	Proceeds from property sale \$ Other savings \$

### Loan Details - if known

Loan Amount	
Loan Type	<input type="checkbox"/> Principal & Interest <input type="checkbox"/> Fixed <input type="checkbox"/> Line of Credit <input type="checkbox"/> Interest Only
Loan Term	Please Select ▼

### Lender Preferences

Is there any lender you would like to deal with, or any lender you would NOT like to deal with?
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### What loan features are important to you?

<input type="checkbox"/> Offset <input type="checkbox"/> Extra Repayments <input type="checkbox"/> Repayment Holiday <input type="checkbox"/> Rate Lock capabilities	<input type="checkbox"/> Variable repayment frequency <input type="checkbox"/> Discount Rate <input type="checkbox"/> Branch access <input type="checkbox"/> Capitalised LMI	<input type="checkbox"/> Cashout <input type="checkbox"/> Redraw <input type="checkbox"/> Other <input type="checkbox"/> Other
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Is there any credit history we should be aware of such as defaults, judgements or bankruptcy?
<input type="checkbox"/> No
<input type="checkbox"/> Yes, please provide details:

<b>Signature of applicant</b>	
Name:	Date

<b>Signature of applicant</b>	
Name:	Date