

CLIENT NEEDS ANALYSIS

Credit Representative Name		Interview Date	
Australian Credit Licence / Credit Representative Number		Interview Time	
CLIENT ONE			
CLIENT TWO			
Additional Clients			
<p>FACT FINDER (Consumer Lending) Under the National Consumer Credit Protection Act 2009 (NCCP), it is a requirement that prior to any request for finance, questions & a record regarding your current financial position as well as any corresponding future goals be established. This documentation is utilised to assist in the process. RESULTS & DATA TOOLS WILL THEN BE PROVIDED TO THE ENQUIRER ON THE BASIS OF:</p> <p>A) The answers provided in this document B) Additional data provided to us by clients including income records, credit reports, lending history & support documents C) Our face to face, telephone or electronic / online/email communications</p>			
Loan Purpose			
Comments / Notes			

PERSONAL DETAILS

CLIENT ONE		CLIENT TWO	
TITLE		TITLE	
GIVEN NAME/S		GIVEN NAME/S	
SURNAME		SURNAME	
RELATIONSHIP STATUS		RELATIONSHIP STATUS	
DATE OF BIRTH		DATE OF BIRTH	
PERMANENT RESIDENT		PERMANENT RESIDENT	
DRIVERS LICENCE NO		DRIVERS LICENCE NO	
LICENCE EXPIRY		LICENCE EXPIRY	
PHONE (H)		PHONE (H)	
PHONE (W)		PHONE (W)	
MOBILE		MOBILE	
EMAIL		EMAIL	
CURRENT ADDRESS		CURRENT ADDRESS	
TIME THERE		TIME THERE	
RENTING OR OWNER		RENTING OR OWNER	
POSTAL ADDRESS		POSTAL ADDRESS	
PREVIOUS ADDRESS		PREVIOUS ADDRESS	
TIME THERE		TIME THERE	
NO OF DEPENDANTS		NO OF DEPENDANTS	
DEPENDANTS AGES		DEPENDANTS AGES	
MOTHERS MAIDEN NAME		MOTHERS MAIDEN NAME	

FRIEND / RELATIVE (Not living with you)

NAME		RELATIONSHIP	
ADDRESS		PHONE	

EMPLOYMENT

CLIENT ONE		CLIENT TWO	
CURRENT POSITION		CURRENT POSITION	
EMPLOYER		EMPLOYER	
ADDRESS		ADDRESS	
HR CONTACT NAME		HR CONTACT NAME	
HR PHONE NUMBER		HR PHONE NUMBER	
START DATE		START DATE	
PROBATION COMPLETE		PROBATION COMPLETE	
PREVIOUS EMPLOYER		PREVIOUS EMPLOYER	
ADDRESS		ADDRESS	
PHONE		PHONE	
START & FINISH DATES		START & FINISH DATES	

Client has been advised that their employer will be contacted to confirm their Employment details

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ACCOUNTANT

NAME		FIRM NAME	
ADDRESS		PHONE	
FAX		EMAIL	

SOLICITOR

NAME		FIRM NAME	
ADDRESS		PHONE	
FAX		EMAIL	

INCOME

APPLICANT ONE		APPLICANT TWO	
GROSS ANNUAL		GROSS ANNUAL	
NETT MONTHLY		NETT MONTHLY	
RENTAL INCOME		RENTAL INCOME	
FAMILY BENEFITS		FAMILY BENEFITS	
OTHER INCOME		OTHER INCOME	

SELF EMPLOYED INCOME

	APPLICANT ONE		APPLICANT TWO	
	CURRENT YEAR	PREVIOUS YEAR	CURRENT YEAR	PREVIOUS YEAR
TAXABLE INCOME				
DEPRECIATION				
INTEREST ADD BACK				
OTHER				
TOTAL				

COMPANY TRUST DETAILS

COMPANY ABN / ACN		TYPE OF TRUST	
COMPANY / TRUST NAME		TRUSTEE	
REGISTERED ADDRESS		BENEFICIARIES	
BUSINESS ADDRESS		OTHER	

STATEMENT OF POSITION

ASSETS		LIABILITIES			
OWNER OCCUPIED PROPERTY					
ADDRESS	Value	Lender	Limit	Owing	Repayment
INVESTMENT PROPERTIES					
ADDRESS	Value	Lender	Limit	Owing	Repayment
DEPOSIT ACCOUNTS		CREDIT CARDS			
Lender	Value	Lender	Limit	Min Repay.	Owing
MOTOR VEHICLES		MOTOR VEHICLE DEBT			
Make and Model	Value	Lender	Limit	Min Repay.	Owing
FURNITURE / PERSONAL EFFECTS		OTHER DEBTS			
Type	Value	Lender	Limit	Min Repay.	Owing
SUPERANNUATION					
	Value				
TOTAL ASSETS	VALUE	TOTAL LIABILITIES			VALUE
NET ASSET POSITION					

LIVING EXPENSES DECLARATION - I/we confirm that the below details are a true and accurate breakdown of our combined basic and additional living expenses.

Expense Type		Monthly Repayment / Expense	
Basic Living Expenses			
Basic Living Expenses include groceries, clothing, rates, electricity, gas, water, phone, public education, motor vehicle expenses, public transport, entertainment etc.			
Additional Living Expenses	\$ per month	Additional Living Expenses	\$ per month
Child Maintenance		Additional Cars Petrol/tolls	
Insurance		Additional Cars Rego/service	
Private School Education		Child Care	
Mobile/ Internet/Pay TV		Subscription	
Private Health		Other	
Rent / Board			
Body Corporate Rates		TOTAL	\$
Additional Information: Provide any additional comments below on any additional living expenses listed which you would reduce / cancel in order to meet your loan repayment and avoid financial hardship			

Note: Total Living expenses are calculated by adding any Additional Expenses to the applicants declared living expenses or the Lenders benchmark figure.

FEATURES AND FACILITIES

FIXED RATES	Loan type features discussed.	Yes	No
INTRODUCTORY FIXED RATE	Loan type features discussed.	Yes	No
BASIC VARIABLE RATE	Loan type features discussed.	Yes	No
LINE OF CREDIT	Loan type features discussed.	Yes	No
COMBINATION LOAN	Loan type features discussed.	Yes	No
VARIABLE RATE	Loan type features discussed.	Yes	No
INTRODUCTORY VARIABLE	Loan type features discussed.	Yes	No
NON CONFORMING	Loan type features discussed.	Yes	No
LOW DOC LOAN	Loan type features discussed.	Yes	No
SENIORS LOAN	Loan type features discussed.	Yes	No
OTHER	Redraw Offset Switching Top ups Interest Only Portability Extra Repayments Other		

SUITABILITY STATEMENT

CURRENT FINANCIAL HEALTH	APPLICANT ONE	APPLICANT TWO
In relation to current enquiries & goals, is the applicant aware of anything which will adversely affect their ability to meet their current & future financial obligations?	Yes No	Yes No
Do the applicants anticipate any changes to their income in the next 12 months?	Yes No	Yes No
Has the applicant ever had any credit defaults, judgements or previously been made bankrupt?	Yes No	Yes No
ESTATE & PLANNING	APPLICANT ONE	APPLICANT TWO
Do you have a legal will in place? (If no, encourage to seek advice or review with change in circumstances?)	Yes No	Yes No
What is your anticipated retirement date?		
How do you plan to reduce/clear your debt prior to retirement?		
PERSONAL INSURANCES	APPLICANT ONE	APPLICANT TWO
I / we understand that the loss of income will affect my ability to repay my existing or proposed debt. I/we understand that there are insurances available that are designed to help protect my financial position in the event of illness, injury or death.	Yes No	Yes No
Do you have any arrangements in place to protect your mortgage/debt existing or concurrent to this application in the event that things go wrong (injury/illness)? (If no, encourage to seek advice or review with change in circumstances?)	Yes No	Yes No
Do you have adequate Life Protection insurance in the event of accidental death?	Yes No	Yes No
I / we require further information to be provided in relation to insurances to enable us to make an informed decision.	Yes No	Yes No

Insurance Needs Analysis

I agree that my mortgage adviser has discussed the fact that I should consider looking at covering the debts I currently have through the following:

Life Insurance

Income Protection Insurance

Trauma and Total and Permanent Disability

Knowing this, I would request the following:

I would like to speak to an adviser about the above mentioned insurance. Please ask an Adviser to contact me.

My mortgage adviser has acted appropriately, but I do not wish to be contacted about insurance, thank you.

I acknowledge that every reasonable effort has been made to:

Encourage me to seek advice for my insurance needs.

Explain the risks and possible ramification associated in having inadequate insurance.

Building Insurance

I / we understand that I / we require building insurance and that this building insurance will need to reflect the lender that my / our loan is with.

I / we would like to be referred to a building insurer

I / We confirm that a copy of the Credit Guide has been received. (Please tick to confirm)

In signing below I / we acknowledge that the information in this five page Clients Needs Analysis is true and correct.

APPLICANT NAME	SIGNATURE	DATE

RECOMMENDATION OF SUITABILITY & FACILITY - (Lending Manager to complete the below section)

Based on the information presented, I confirm that the following clients –

Applicant One	
Applicant Two	
Other	

Based on the information presented, I confirm that the above clients request for credit is considered:

Not unsuitable

Unsuitable

Reasons for this determination include:

We confirm that upon discussion of Lender Comparisons supplied to the client that the following lender has been selected:

We confirm that this lender has been selected for the following reasons:

Signed (Loan Writer)		Australian Credit Licence / Credit Representative Number	
Name (Loan Writer)		Date	