

## CLIENT NEEDS ANALYSIS FORM

### APPLICATION DETAILS

		<i>Applicant 1</i>				<i>Applicant 2</i>			
<b>Type of Applicant</b>		<input type="checkbox"/> Individual	<input type="checkbox"/> Guarantor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Company	<input type="checkbox"/> Individual	<input type="checkbox"/> Guarantor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Company
<b>Shaded section to be completed if Applicant is a Company, Corporate Trustee or a Trust</b>									
<b>Company / Trust Name:</b>									
<b>ABN &amp; ACN Numbers:</b>		ABN:				ACN:			
<b>Registered Office Address of Company:</b>									
<b>Period at Current Address:</b>		(yrs)				(mths)			
<b>Current Status of Registered Office:</b>		<input type="checkbox"/> Own Premises <input type="checkbox"/> Renting <input type="checkbox"/> Other:							
<b>Date &amp; Place of Incorporation:</b>									
<b>Nature of Business:</b>									
<b>Title:</b>		<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss   Other:				<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss   Other:			
<b>Surname Name</b> (natural person):									
<b>First Name:</b>									
<b>Middle Name(s):</b>									
<b>Date of Birth (dd/mm/yyyy):</b>									
<b>Driver's Licence Number:</b>		Expiry:				Expiry:			
<b>Marital Status:</b>		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>Full Name of Spouse:</b>									
<b>Dependants:</b>		Number:		Ages:		Number:		Ages:	
<b>Contact Details:</b>		(H):		(W):		(H):		(W):	
		(M):		(F):		(M):		(F):	
		(E):				(E):			
<b>Australian Permanent Resident:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Current Address:</b>									
<b>Time at Current Address:</b>		(yrs)				(mths)			
<b>Current Status of Residential Address:</b>		<input type="checkbox"/> Own Home <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> With Parents				<input type="checkbox"/> Own Home <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> With Parents			
<b>Previous Address</b> (if less than 12 months in current address):									
<b>Time at Previous Address:</b>		(yrs)				(mths)			
<b>Occupation:</b>									
<b>Employment Type</b>	<b>PAYG:</b>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contractor				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contractor			
	<b>Self Employed:</b>	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Company <input type="checkbox"/> Partnership				<input type="checkbox"/> Sole Trader <input type="checkbox"/> Company <input type="checkbox"/> Partnership			
	<b>Other:</b>	<input type="checkbox"/> Retired <input type="checkbox"/> Unemployed				<input type="checkbox"/> Home Duties <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed			
<b>Employer's Name:</b>									
<b>Employment Start Date:</b>									
<b>Employer Address:</b>									
<b>Please complete shaded section below if period of employment is less than 2 years</b>									
<b>Previous Occupation:</b>									
<b>Previous Employer's Name:</b>									
<b>Period of Employment:</b>		(yrs)				(mths)			
<b>How can we help you?</b>		<input type="checkbox"/> Finance / Loans <input type="checkbox"/> Leasing <input type="checkbox"/> Superannuation <input type="checkbox"/> Risk <input type="checkbox"/> Self Managed Super Funds <input type="checkbox"/> Wealth Creation <input type="checkbox"/> Retirement & Business Succession							

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### ANNUAL INCOME

Please attach the required documents that are applicable to you as outlined by the relevant credit policy:

APPLICANT 1 (GROSS PER ANNUM)		APPLICANT 2 (GROSS PER ANNUM)	
Salaries & Wages	\$	Salaries & Wages	\$
<b>Total Gross Income</b>	\$	<b>Total Gross Income</b>	\$
Self Employed Assessable Income	\$	Self Employed Assessable Income	\$
Rental Income	\$	Rental Income	\$

### ASSETS AND LIABILITIES

Assets			Liabilities						
Details	Security	Value	Lender & Account Number	Amount Owed	Monthly Repayment	Credit Limit	Refinance (Tick if Yes)	Interest Rate %	Interest Only (Tick if Yes)
Existing Property (Owner Occupied)	<input type="checkbox"/>	\$	Existing Mortgage (Owner Occupied)	\$	\$	\$	<input type="checkbox"/>		<input type="checkbox"/>
Other Property (1)	<input type="checkbox"/>	\$	Existing Mortgage	\$	\$	\$	<input type="checkbox"/>		<input type="checkbox"/>
Other Property (2)	<input type="checkbox"/>	\$	Existing Mortgage	\$	\$	\$	<input type="checkbox"/>		<input type="checkbox"/>
Other Property (3)	<input type="checkbox"/>	\$	Personal Loan (1)	\$	\$		<input type="checkbox"/>		<input type="checkbox"/>
Motor Vehicle (1)		\$	Lease / Hire Purchase	\$	\$		<input type="checkbox"/>		<input type="checkbox"/>
Motor Vehicle (2)		\$	Credit Card (1)	\$	\$	\$	<input type="checkbox"/>		<input type="checkbox"/>
Home Contents		\$	Credit Card (2)	\$	\$	\$	<input type="checkbox"/>		<input type="checkbox"/>
Savings		\$	Credit Card (3)	\$	\$	\$	<input type="checkbox"/>		<input type="checkbox"/>
Superannuation Value (1)		\$	Taxes (ATO/BAS)	\$	\$		<input type="checkbox"/>		<input type="checkbox"/>
Superannuation Value (2)		\$	Child Maintenance		\$		<input type="checkbox"/>		<input type="checkbox"/>
Life Insurance/TPD		\$	Other Debts or Obligations	\$	\$		<input type="checkbox"/>		<input type="checkbox"/>
Business Stock		\$	<b>TOTAL OWED</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>			
Business Equity/ Goodwill		\$							
<b>TOTAL OWNED</b>		<b>\$</b>							

### ADDITIONAL INFORMATION

	APPLICANT 1	APPLICANT 2
<b>Do you have a will in place?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have personal insurance (risk):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a smoker:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you in good health:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I/We consent to Finance For Life Pty Ltd liaising with our Accountant / Solicitor / any other business partner in regards to this enquiry ☐ Yes

I/We hereby declare that all the information marked above is true and correct, I/We also accept the fee for service invoice that will incur for any advice given & any fees attached to this application.

**X**

SIGNATURE (APPLICANT 1)

DATE: / /

**X**

SIGNATURE (APPLICANT 2)

DATE: / /