

APPLICATION DETAILS	Applicant 1		Applicant 2					
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Full Legal Name								
Date of Birth								
Current Residential Address								
Start Date								
Previous Residential Address if Less Than 3 years								
Start and Finish Dates								
Postal Address if Different								
Phone	M:	H:	M:	H:				
	W:		W:					
Email Address								

APPLICATION DETAILS	Applicant 1		Applicant 2	
Drivers License Number	Expiry Date		Expiry Date	
Passport Number	Expiry Date		Expiry Date	
Medicare Number	Expiry Date		Expiry Date	

DEMOGRAPHICS	Applicant 1		Applicant 2			
Residency Status						
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto
Number of Dependents	Age(s)		Age(s)			

CURRENT EMPLOYMENT DETAILS	Applicant 1		Applicant 2					
Type of Employment	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Other	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Other
Employment Term	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Contract	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Contract
Occupation								
Employer Name								
Employer Address								
Employer Phone								
Start Date								
Minimum 3 Years Required								

SELF EMPLOYED DETAILS		
Business Name	Entity Type	
ABN/ACN	Website	
Nature of Business		

PREVIOUS EMPLOYMENT DETAILS	Applicant 1	Applicant 2
Type of Employment	<input type="checkbox"/> PAYG <input type="checkbox"/> Self Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Other	<input type="checkbox"/> PAYG <input type="checkbox"/> Self Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Other
Employment Term	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contract
Occupation		
Employer Name		
Employer Address		
Start and Finish Dates		

RETIREMENT	Applicant 1	Applicant 2
Planned Retirement Age		
Is Retirement expected during loan term?	<input type="checkbox"/> Yes, complete below <input type="checkbox"/> No, go to next section	<input type="checkbox"/> Yes, complete below <input type="checkbox"/> No, go to next section
Please provide exit strategy details	<input type="checkbox"/> Reduction In Assets <input type="checkbox"/> Savings <input type="checkbox"/> Income from Investments <input type="checkbox"/> Spousal Income <input type="checkbox"/> Downsize Home <input type="checkbox"/> Superannuation <input type="checkbox"/> Repayment of Load contract prior to retirement <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Reduction In Assets <input type="checkbox"/> Savings <input type="checkbox"/> Income from Investments <input type="checkbox"/> Spousal Income <input type="checkbox"/> Downsize Home <input type="checkbox"/> Superannuation <input type="checkbox"/> Repayment of Load contract prior to retirement <input type="checkbox"/> Other (Specify) _____

LIFESTYLE & ASSET PROTECTION	Applicant 1	Applicant 2
Do you have life insurance to cover your existing and proposed debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have adequate income protection insurance to cover loan repayments living costs and current lifestyle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you reviewed the above insurances within 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Insurance Details Home - Building - Contents - Landlord		
Life Insurance		
Income Protection		

PROFESSIONAL CONTACTS	Applicant 1	Applicant 2
<b>ACCOUNTANT</b>		
Name of firm		
Contact name		
Contact number		
Email address		
Address		
<b>FINANCIAL PLANNER</b>		
Name of firm		
Contact name		
Contact number		
Email address		
Address		
<b>SOLICITOR/CONVAYENCER</b>		
Name of firm		
Contact name		
Contact number		
Email address		
Address		

## CUSTOMER IDENTIFIED LIVING EXPENSES

On a monthly basis, how much do you currently spend on the following items?

Rent or Board - if Applies	\$
Utilities - Electricity, Rates, Gas, Water	\$
Connections - Phone, Mobile, Internet, Cable TV, Streaming Services	\$
Food - Groceries, Meat, Fruit & Vegetables	\$
Pet Care	\$
Clothing and Personal Care	\$
Education - Child Care, School Fees, Uniforms & Activities	\$
Transport - Public, Petrol, Registration, Insurance & Servicing	\$
Medical & Health	\$
Insurances - General, Home, Building, Contents	\$
Household Purchases and Maintenance	\$
Entertainment - Dining Out, Movies, Gifts & Other	\$
Private Health Insurance	\$
Body Corporate / Strata Fees	\$
Private School Fees	\$
Life Insurance, Income Protection Insurance	\$
<b>Total</b>	<b>\$</b>

**STATEMENT - ASSETS & LIABILITIES**

**BALANCE SHEET**

ASSETS		LIABILITIES	
Property (With Address)	Value	Mortgage to	Value
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Motor Vehicle (Make, Model & Year)		Personal Loan/Lease/CHP	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Bank/Building Soc./Credit Un. Account details		Margin Loan	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Shares		Credit Cards/Store Cards/After Pay	
	\$	Limit \$	\$
	\$	Limit \$	\$
	\$	Limit \$	\$
	\$	Limit \$	\$
Superannuation		Limit \$	\$
	\$	Limit \$	\$
	\$	Child Support	
	\$		\$
Household Contents/Personal Effects		HELP/HECS	
	\$		\$
	\$		\$
	\$		\$
Boat		ATO/TAX	
	\$		\$
	\$		\$
	\$		\$
Other			
	\$		\$
	\$		\$
	\$		\$
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>

<b>Net Assets</b>	
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Applicant 1	Applicant 2
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I/we declare that the information in this form is correct and acknowledge that the Lending Institution will rely on this information in assessing my/our loan application

_____	_____
Full Name	Full Name
_____	_____
Signature	Signature
_____	_____
Date	Date