

Enquiry for Finance

Date		Time		Broker		Referrer							
Advertising Source of Enquiry:													
Yellow Pages <input type="checkbox"/> Print <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> Other Specify:													
Client Objectives													
× Purpose and Requirements													
Amount Required		Max Repayment		Term		Repayment Frequency							
\$		\$				Wk <input type="checkbox"/> F/night <input type="checkbox"/> Mth <input type="checkbox"/>							
Loan Purpose													
Personal <input type="checkbox"/> Business <input type="checkbox"/>													
Goods being Purchased				Amounts to be Financed									
New <input type="checkbox"/> Demo <input type="checkbox"/> Used <input type="checkbox"/> Dealer <input type="checkbox"/> Private <input type="checkbox"/>				Cash Price		\$							
× Make		Year		Less Deposit		\$							
Model		Manual/Auto		Less Trade		\$							
Body		Kms		Plus Trade Payout		\$							
Extras		Fuel Type		Comprehensive Insurance		\$							
Supplier		Colour		Consumer Credit Insurance		\$							
Other				GAP Insurance		\$							
Trade Details				Mechanical Breakdown Ins.		\$							
Make		Year		Brokerage		\$							
Model				Other		\$							
Financed by				Total Amount to be Financed		\$							
Personal Details: Client 1 & 2						Home/Mobile Phone #'s							
Surname			Given Names										
× 1													
× 2													
Email Address													
Gender		Marital Status		DOB		Licence No.		Expiry		Dependents		Ages	
× 1													
× 2													
1	Residency Status		Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Working Visa <input type="checkbox"/>		Licence Card No:								
2	Residency Status		Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Working Visa <input type="checkbox"/>		Other:								
Client 1: Current & Previous Addresses - <b>3 year history</b>						Residential Status		Years/Mths					
× 1									/				
2									/				
3									/				
Client 2: Current & Previous Addresses						Residential Status		Years/Mths					
× 1									/				
2									/				
3									/				
Residential Status		Owned <input type="checkbox"/> Buying <input type="checkbox"/> Rented <input type="checkbox"/> Boarding <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Employer Provided <input type="checkbox"/>											
× Mortgagee/Landlord							# on Mortgage/Lease						
× Address							Mthly Pmts		\$				
						Phone #							

**3 Year Employment History: Client 1 & 2**

X	1	Occupation		Status	FT <input type="checkbox"/>	PPT <input type="checkbox"/>	Casual <input type="checkbox"/>	Self <input type="checkbox"/>		
X	2	Occupation		Status	FT <input type="checkbox"/>	PPT <input type="checkbox"/>	Casual <input type="checkbox"/>	Self <input type="checkbox"/>		
Client 1: Employer's Name & Address				Employers Contact Name & Phone #						
X	1									
		Years/Mths	/	Net Salary	\$	Frequency	Wk <input type="checkbox"/>	F/night <input type="checkbox"/>	Mth <input type="checkbox"/>	Yr <input type="checkbox"/>
X	2									
		Occupation		Yrs/Mths	/					
3										
		Occupation		Yrs/Mths	/					
Client 2: Employer's Name & Address				Employers Contact Name & Phone #						
X	1									
		Years/Mths	/	Net Salary	\$	Frequency	Wk <input type="checkbox"/>	F/night <input type="checkbox"/>	Mth <input type="checkbox"/>	Yr <input type="checkbox"/>
X	2									
		Occupation		Yrs/Mths	/					
X	3									
		Occupation		Yrs/Mths	/					

**If Self Employed - Business Details**

Trading Name		A.B.N.	
Company Name		A.C.N.	
Type of Business		Trustee/s	
Accountant Name			
Address & Phone #			

**Banking Details: Client 1 & 2**

	Bank	Branch	Account Type
X	1		
	2		

**Comprehensive Insurance - Quote Requested Yes  No**

Current Insurer		Rating		How long held?	
Licence suspended/cancelled/restricted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insurance declined?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Criminal Convictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	At fault accidents?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

**References**

Personal Reference		Nearest Relative (Not Living with Applicant)	
X	Name	Name	Name
X	Address	Address	Address
X	Suburb	Suburb	Suburb
X	Phone #	Phone #	Phone #

**Credit Experience - any current or recently finalised loans (excluding mortgages)**

Company / Branch	Name Account In	Date Opened	Amount Borrowed (\$)	Purpose or Type	Monthly Payments (\$)	Balance if Current (\$)	Date Paid if PIF

**Assets and Liabilities**

Liabilities and commitments					Assets		
Liabilities	Amount (\$000)	Owing to	Mthly Pmts (\$)	Credit Limit(\$)	Assets	Details	Value (\$)
Mortgage 1					Home		
Mortgage 2					Inv. Property		
Loan 1					Furniture etc.		
Loan 2					Vehicle		
Personal Loan					Bike		
Credit Card 1					Boat		
Credit Card 2					Cash		
Overdraft					Investments		
Other 1					Other 1		
Total Liabilities		Total Pmts			Total Assets		
Net Worth							

**Capacity Assessment (Office Use Only)**

(Monthly Income / Expenditure Details Supplied by the Client)

Expenditure		Income	
Total Monthly Payments <small>(Total payments from above \$ _____ less any finance payment that will be paid out as part of a trade-in / refinance \$ _____)</small>	\$	Net Income Applicant 1 <small>(Annual Gross Income \$ _____)</small>	\$
Living Expenses (client supplied)	\$	Net Income Applicant 2 <small>(Annual Gross Income \$ _____)</small>	\$
Rent or Equivalent	\$	Family Tax Benefit	\$
Child Support	\$	Interest / Dividends	\$
Proposed New Commitment	\$	Other Income	\$
Total Monthly Expenses	\$	Total Monthly Income	\$
		Surplus / Deficiency	\$

**Explanatory Notes or Additional Information**

(Include details of other income)


# HOUSEHOLD LIVING EXPENSES

Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Dependents: \_\_\_\_\_

Weekly  
Fortnightly  
Monthly

## YOUR HOUSEHOLD LIVING EXPENSES:

<b>1. UTILITIES &amp; RATES</b> Utilities, Body Corporate & Strata Fees, Rates, taxes & levies, Repairs & Maintenance, Other household items	\$
<b>2. UTILITIES &amp; RATES - Investment Properties</b> Utilities, Body Corporate & Strata Fees, Rates, taxes & levies, Repairs & Maintenance, Other household items	\$
<b>3. TELEPHONE &amp; INTERNET</b> Mobile Phone, Home Phone, Internet PAY TV Music Streaming Service, Video Streaming Services	\$
<b>4. GROCERIES</b> Typical supermarket shop including food & toiletries	\$
<b>5. RECREATION &amp; ENTERTAINMENT</b> For example: Alcohol, Tobacco, Gambling, Restaurant, Membership fees & subscriptions, Holidays, Pet care	\$
<b>6. CLOTHING &amp; Personal Care</b> For example: Clothing, Footwear, Cosmetics, Personal care etc.	\$
<b>7. MEDICAL &amp; HEALTH (Excluding Health Insurance)</b> For example: Doctor, Dental, Optical & Pharmaceutical	\$
<b>8. TRANSPORT</b> Public Transport, Parking & tolls, Vehicle running costs (fuel, servicing)	\$
<b>9. EDUCATION</b> School fees, books, uniforms etc.	\$
<b>10. CHILDCARE</b> Childcare including Nannies (excluding child support/maintenance)	\$
<b>11. INSURANCE</b> For example: Health, Life, Income Protection, Home & Contents, Motor Vehicle	\$
<b>12. OTHER</b> (Unique items not included in above - Must be explained)	\$
<b>TOTAL HOUSEHOLD EXPENSES</b>	\$

## HOUSEHOLD ACCOMMODATION EXPENSES:

<b>MORTGAGE PAYMENTS</b>	\$
<b>RENT PAYMENTS</b>	\$
<b>TOTAL ACCOMMODATION EXPENSES</b>	\$

(For single applications) What percentage of the above accommodation expenses are paid by the applicant's spouse/de-facto? %

**Declaration** (Please tick the check boxes below to confirm.)

I \_\_\_\_\_ declare that the household living expenses (tick all the apply):

the amounts above are a correct estimate of my/our household living expenses; and  
(if applicable):

- My spouse/de-facto is currently employed in regular paid work;
- My spouse/de-facto does and will continue to share the accommodation expenses above in the proportion recorded above;
- I/we have no reason to consider that my partner/de-facto will become unable or unwilling to continue to share the accommodation expenses in the proportions above; and

it is unlikely that there will be a material change to the expenses above, or the sharing of accommodation expenses in the foreseeable future.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_