

"Our knowledge is your advantage"

8981 2345



Client Needs Analysis

Date:

YOUR DETAILS:

Full name (Client 1):

Full name (Client 2):

If company and/or Trust:

Company/Trust name:

ABN/ACN

Registered address:

Business address
(If different from above)

State

P/code

Full name/s of trustee/s:

State

P/code

1.

2.

3.

4.

Full name/s of beneficiaries:

1.

2.

3.

4.

CREDIT ASSISTANCE PROVIDER:

Name:	Company Name:
<input type="text"/>	<input type="text"/>
Australian Credit License Number /Credit Representative Number (if applicable):	Phone Number:
<input type="text"/>	()
Mobile Number:	Email Address:
<input type="text"/>	<input type="text"/>

YOUR REQUIREMENTS AND OBJECTIVES:

For example: purchase home, buy land, building, investment property, refinance, renovate, relocation, debt consolidation, study, holiday, car, boat, extra cash etc

What are the primary reasons for seeking credit (how will the funds be used) or the reasons for a review of an existing credit contract?

1.	\$
2.	\$
3.	\$
4.	\$
Additional Notes:	
Amount of credit sought: \$	Term of credit sought (years):

If purchasing property, how long are you looking to retain the property for? *(Please provide reasons below)*

2 years

2- 5 years

5 – 10 years

10 years plus

If refinancing or consolidating debts, please provide details of the debts that are being refinanced or consolidated and the resulting benefit to you

YOUR DETAILS:

CLIENT 1:				CLIENT 2:			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other				Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other			
Surname:				Surname:			
Given Names:				Given Names:			
Previous Name				Previous Name			
Date of Birth: / /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: / /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto		<input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto		<input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Number of Dependants:		Ages:		Number of Dependants		Ages:	
Current Address:				Current Address:			
State		P/Code		State		P/Code	
Time at Current Address:		Years		Months		Time at Current Address:	
Years		Months		Years		Months	
Current Residential Status:				Current Residential Status:			
<input type="checkbox"/> Own Home <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding		<input type="checkbox"/> Live with Family <input type="checkbox"/> Other		<input type="checkbox"/> Own Home <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding		<input type="checkbox"/> Living with Family <input type="checkbox"/> Other	
If under 2 years, please provide previous address details:				If under 2 years, please provide previous address details:			
State		P/Code		State		P/Code	
Postal address (if different from residential address):				Postal address (if different from residential address):			
State:				State:			
P/Code:		P/Code:		P/Code:		P/Code:	
Email Address:				Email Address:			
Home Phone Number:		()		Home Phone Number:		()	
Work Phone Number:		()		Work Phone Number:		()	
Mobile Number:				Mobile Number:			
Fax Number:		()		Fax Number:		()	
Preferred Daytime Contact Number:		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		Preferred Daytime Contact Number:		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
Face to Face Identity Check				Face to Face Identity Check			
<input type="checkbox"/>				<input type="checkbox"/>			

IDENTIFICATION DOCUMENTS

CLIENT 1:		CLIENT 2:	
Document Type		Document Type	
Photo ID	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Photo ID	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Document Number		Document Number	
Place of Issue		Place of Issue	
Date Of Issue		Date Of Issue	
Expiry date		Expiry date	
Name On Document		Name On Document	
Document Issued By		Document Issued By	
Original <input type="checkbox"/>	Certified <input type="checkbox"/>	Original <input type="checkbox"/>	Certified <input type="checkbox"/>

NEAREST LIVING RELATIVE DETAILS:

CLIENT 1:		CLIENT 2:	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Surname:		Surname:	
Given Names:		Given Names:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship		Relationship	
Current Address:		Current Address:	
State P/Code		State P/Code	
Email Address:		Email Address:	
Home Phone Number:	()	Home Phone Number:	()
Work Phone Number:	()	Work Phone Number:	()
Mobile Number:		Mobile Number:	
Fax Number:	()	Fax Number:	()
Preferred Daytime Contact Number:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Preferred Daytime Contact Number:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile

YOUR EMPLOYMENT DETAILS:

	CLIENT 1:			CLIENT 2:		
Employment Status:	<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Family Business	<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Family Business
	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Home Duties	<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Home Duties
	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Not Employed
	<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Other		<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Other	
Occupation:						
Employment sector or nature of business:						
Employer/Company name and address:						
Employer contact name and phone number (HR/Payroll contact):	Name: Ph:			Name: Ph:		
Employer email:						
Time at current employment:	Years		Months	Years		Months
Average hours per week (if casual or part time):						
<i>If employed or in business for less than 2 years, please provide previous employment details:</i>						
Previous occupation and industry (if different from current):						
Previous employment Status:						
	<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Family Business	<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Family Business
	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Home Duties	<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Home Duties
	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Not Employed
	<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Other		<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Other	
Previous employers name and address:						
Time at previous employment:	Years		Months	Years		Months

YOUR FINANCIAL POSITION

The following information provides a snapshot of your net worth position

ASSET TYPE	VALUE	LIABILITY TYPE	LIMIT	MONTHLY REPAYMENT:	AMOUNT OWING:
Principle Home Address:	\$	Principle Home Int. Rate % Lender:	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Investment Property Address:	\$	Investment Property Int. Rate % Lender:	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Investment Property Address:	\$	Investment Property Int. Rate % Lender:	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Holiday Home Address:	\$	Holiday Home Int. Rate % Lender:	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Motor Vehicle Type:	\$	Motor Vehicle Finance Int. Rate % Lender:	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Motor Vehicle Type:		Motor Vehicle Finance Int. Rate % Lender:			
Client 1 Client 2 Both		Client 1 Client 2 Both			
Investments (e.g. shares, managed funds, term deposits)	\$	Line of Credit Int. Rate % Lender:	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Cash (including savings)	\$	Credit Cards and Retail Store Cards (Total combined limits etc.) Client 1 Client 2 Both	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Superannuation	\$	Margin lending or other invest. loans Int. Rate: % Lender:	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Contents (insured value)	\$	Interest free debt	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Other Assets (e.g. boats, caravans, collections)	\$	Overdrafts and other bank facilities Client 1 Client 2 Both	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Other – provide details	\$	Loans as guarantor	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
	\$	Hire Purchase (Total of all HP agreements) Client 1 Client 2 Both	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
	\$	Personal Debt	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
	\$	Lease (Total of all lease agreements)	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
	\$	HECS liability/Taxation Debt	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
	\$	Other liabilities – provide details	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
	\$		\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
TOTAL ASSETS (A)	\$	TOTAL LIABILITIES (B)	\$	\$	\$

YOUR INCOME AND EXPENDITURE

YOUR INCOME IF PAYG APPLICANTS:					
CLIENT 1			CLIENT 2		
ANNUAL INCOME:			ANNUAL INCOME:		
Base incomes/salary	Gross: \$	Net: \$	Base incomes/salary	Gross: \$	Net: \$
Bonuses:	\$	\$	Bonuses:	\$	\$
Period of receipt:			Period of receipt:		
Regular Overtime	Gross: \$	Net: \$	Regular Overtime	Gross: \$	Net: \$
Period of Receipt:			Period of Receipt:		
Existing Rental Income	\$		Existing Rental Income	\$	
Expected Rental Income	\$		Expected Rental Income	\$	
Investment income	\$		Investment income	\$	
Government allowances	\$		Government allowances	\$	
Other	\$		Other	\$	
SUBTOTAL (1)	\$		SUBTOTAL (2)	\$	
TOTAL CURRENT NET ANNUAL INCOME (1 + 2)			\$		

YOUR INCOME IF SELF EMPLOYED (LAST TWO FINANCIAL YEARS):					
The following information is for: <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both					
Financial year ending: / /			Financial year ending: / /		
Sales	\$		Sales	\$	
Less cost of goods sold	\$		Less costs of goods sold	\$	
Gross profit	\$		Gross Profit	\$	
Operating Expenses	\$		Operating Expenses	\$	
NET PROFIT BEFORE TAX:	\$		NET PROFIT BEFORE TAX:	\$	
ADD BACKS:			ADD BACKS:		
One Off Expenses	\$		One Off Expenses	\$	
Interest	\$		Interest	\$	
Superannuation	\$		Superannuation	\$	
Depreciation	\$		Depreciation	\$	
Directors salaries and fees	\$		Directors salaries and fees	\$	
Other	\$		Other	\$	
SUBTOTAL	\$		SUBTOTAL	\$	
Less Tax	\$		Less Tax	\$	
TOTAL	\$		TOTAL	\$	

(Last financial year) TOTAL NET ANNUAL INCOME	\$
Total Expected Rental Income	\$
TOTAL CURRENT NET ANNUAL INCOME Total net annual income (PAYG) + total net income (Self Employed)	\$
Total net annual income divided by 12 TOTAL CURRENT NET MONTHLY INCOME	\$

ACCOUNTANT'S DETAILS		Accounting firm:	
Contact Name:		Contact Number:	()
Email Address :			

YOUR CASH FLOW POSITION:

The following information provides a snapshot of your current cash flow position.

TOTAL CURRENT NET MONTHLY INCOME (A) (From page 5)	\$
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CURRENT MONTHLY LOAN REPAYMENTS / RENT:

Rent:	\$	Will this expenditure continue after settlement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Existing Home Loan:	\$	Will this expenditure continue after settlement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Existing Investment Loan:	\$	Will this expenditure continue after settlement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit Cards / Store Cards (combined monthly payment):	\$	Will this expenditure continue after settlement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Loan / Car Loan	\$	Will this expenditure continue after settlement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other loans:		Will this expenditure continue after settlement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CURRENT MONTHLY REPAYMENTS (B):	\$	FUTURE MONTHLY REPAYMENTS*(C)	\$	

*Subtotal of all current expenditure marked as continuing after settlement.

REPAYMENT FOR THE PROPOSED LOAN (D)	\$
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CURRENT MONTHLY LIVING EXPENSES

Food / Housekeeping:	\$
Insurance (e.g. motor vehicles, home contents/ building, medical, life / income protection)	\$
Utilities (e.g. rates, gas, electricity, transport)	\$
Transport (e.g. public transport, petrol, registration, repairs)	\$
Education (e.g. school, college, university)	\$
Dependants support: (e.g. childcare, child maintenance)	\$
Entertainment:	\$
Other (detail below:)	\$

		TOTAL FUTURE NET ANNUAL INCOME	\$
		TOTAL FUTURE NET MONTHLY INCOME # (I)	\$
CURRENT MONTHLY LIVING EXPENSES (E)	\$	FUTURE MONTHLY LIVING EXPENSES # (F)	\$
TOTAL CURRENT MONTHLY EXPENDITURE (B+E=G)	\$	TOTAL FUTURE MONTHLY EXPENDITURE (C+D+F=H)	\$
TOTAL CURRENT MONTHLY NET SURPLUS (A-G)	\$	TOTAL FUTURE MONTHLY NET SURPLUS (I-H)	\$

#Please provide details of any expected changes between current and future living expenses.

YOUR PROPOSED LOAN REQUIREMENTS:

Borrowers name/s property 1:	Address of security property 1:
	State: P/code:
Borrowers name/s property 2:	Address of security property 2:
	State: P/code:
Borrowers name/s property 3:	Address of security property 3:
	State: P/code:

IF YOU'RE PURCHASING:

PURCHASE AND LOAN COSTS:		AVAILABLE FUNDS:	
Purchase Price:	\$	Deposit paid:	\$
Lender application / valuation fees:	\$	Cash savings:	\$
Transfer stamp duty:	\$	Sale proceeds:	\$
Legal and registration fees:	\$	Gift:	\$
		FHOG:	\$
		Other:	\$
LMI: Add to Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
TOTAL COSTS (A):	\$	TOTAL OWN FUNDS (D):	\$
LOAN AMOUNT REQUESTED (B):	\$	OWN FUNDS REQUIRED(A-B)=C:	\$
OWN FUNDS REQUIRED (A-B)=C	\$	SURPLUS/SHORTFALL (D-C)	\$

IF YOU'RE REFINANCING OR INCREASING A LOAN:

Purpose of refinancing / top up?		
Better rate: <input type="checkbox"/> Consolidate debts: <input type="checkbox"/> Need extra cash: <input type="checkbox"/> Investing: <input type="checkbox"/> Restructure: <input type="checkbox"/> Renovating: <input type="checkbox"/> Building: <input type="checkbox"/> Other: _____	Current loan balance:	\$
Property value <i>(property being refinanced)</i>	\$	Lender application / valuation fees:
Total amount owed	\$	Legal fees:
Property status: Owner occupied: <input type="checkbox"/> Investment property: <input type="checkbox"/> Vacant land: <input type="checkbox"/>		LMI Fees, add to loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Discharge costs:
		Other exit fees:
		SUBTOTAL REFINANCE & LOAN COSTS (E)
		ADDITIONAL LOANS FUNDS SOUGHT (F)
		TOTAL LOAN AMOUNT (E+F)

ADDITIONAL DETAILS – IF YOU'RE REFINANCING / CONSOLIDATING DEBTS:

EXISTING LOANS / CREDIT CARDS / OTHER LIABILITIES

	DEBT 1	DEBT 2	DEBT 3	DEBT 4	DEBT 5	DEBT 6	DEBT 7	DEBT 8
Lender name:								
Loan / credit card liability type:								
Estimated payout amount:	\$	\$	\$	\$	\$	\$	\$	\$
Current interest rate:	%	%	%	%	%	%	%	%
Remaining term of loan:	Y M	Y M	Y M	Y M	Y M	Y M	Y M	Y M

Other debt: As part of the proposed consolidation of debt, are credit card limits going to be reduced or cancelled? Yes: No:
 Please provide details below:

YOUR PREFERRED LOAN FEATURES:

YOUR PREFERRED INTEREST RATE TYPE: (Please select one)

- Variable rate** – it is important to have an interest rate that fluctuates over the term of the loan in line with market interest rate changes.
- Fixed rate** – it is important to have certainty about the interest rate and/or repayment for a fixed term.
- Fixed and Variable** - it is important to have a combination of fixed and variable interest rates.
- No preferred interest rate type.**

YOUR PREFERRED REPAYMENT TYPE: (Please select one)

- Principle & Interest** – it is important to have repayments that include both the principal amount borrowed and the interest payable, so that the loan is repaid in full by the end of the loan's term.
- Interest Only** – it is important to make interest only repayments for a specified term.
- Interest Only in Advance** – it is important to have the ability to make an advanced or lump sum interest only repayment.
- No preferred repayment type.**

FEATURES:	REQUIRED
Pay off quickly / additional payments It is important that the loan is paid off quickly and that additional payments are allowed without penalty	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Split account It is important to have more than one sub account/s, or a separate account for savings/investment funds, for tax, accounting, or personal expense purposes	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Re-draw It is important to have access to additional repayment funds should it be required	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
100% Offset It is important to have a separate savings account linked to the loan that offsets the savings balance	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Line of credit It is important to have a revolving facility that allows you to draw to a limit via EFTPOS, ATM, Internet or Cheque	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Top up It is important to have access to additional funds for future use subject to sufficient equity	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Product flexibility It is important to have the ability to switch between a lender's mortgage products	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Portability It is important to have the option to transfer the loan to an alternative property to save money and time	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Other features sought:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>

Additional information / comments:

FOR THE CREDIT ASSISTANCE PROVIDER:

Disclose to the client and note any significant costs and / or risks associated with the features being sought. For example, costs of refinancing break costs, fees for credit assistance services etc.

YOUR FINANCIAL SECURITY:

Have you had any difficulties in meeting your financial commitments in the past 2 years?

CLIENT 1:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CLIENT 2:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide details below.

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Have you received advice from an accountant, solicitor or financial planner regarding your financial objectives?

CLIENT 1:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CLIENT 2:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide details below.

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PROTECTING YOUR LIFESTYLE / ASSETS:

Do you have insurance to protect your lifestyle e.g. life, total permanent disablement, income protection etc?

CLIENT 1:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CLIENT 2:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If No, Please Provide details below on

How would your lifestyle needs be maintained if you and / or your partner were

(a) Temporarily unable to earn an income through sickness / illness?

(b) Permanently unable to earn income e.g. through death / permanent disability?

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Would you like someone to contact you regarding life insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Would you like someone to contact you regarding life insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Home and Contents insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have Home and Contents insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, would you like someone to contact you regarding Home and Contents insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, would you like someone to contact you regarding Home and Contents insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CHANGES TO YOUR CURRENT CIRCUMSTANCES:

Do you anticipate any material changes to your financial situation? For example, change in employment, income or expenditure?

CLIENT 1:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CLIENT 1:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, what are the reasons for the changes and what is the expected impact?

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Permanent Change	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Permanent Change	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Mitigant	Mitigant
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Estimated Start Date		Estimated End date		Estimated Start Date		Estimated End date	
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FOR THE CREDIT ASSISTANCE PROVIDER:

The list of verification requirements is not intended to be an exhaustive list of all of the types of evidence which can be used to confirm the client's financial situation.

VERIFICATION CHECKLIST:

PAYG CLIENTS

Recent Payroll Receipts / Payslips

Recent PAYG Summary

Recent Income Tax Return (ATO Notice of Assessment)

Bank Statements to Evidence:

- | | | | |
|---------------------------|------------------------------------|------------------------------------|-------------------------------------|
| • Debt payment history | 3 MONTHS: <input type="checkbox"/> | 6 MONTHS: <input type="checkbox"/> | 12 MONTHS: <input type="checkbox"/> |
| • Salary payments | 3 MONTHS: <input type="checkbox"/> | 6 MONTHS: <input type="checkbox"/> | 12 MONTHS: <input type="checkbox"/> |
| • Regular savings pattern | 3 MONTHS: <input type="checkbox"/> | 6 MONTHS: <input type="checkbox"/> | 12 MONTHS: <input type="checkbox"/> |

Confirmation of employment with the employer (subject to the requirements of Privacy Act 1988)
e.g. letter from employer on company letterhead detailing base gross and net income, length of service, status of employment (handwritten letters are unacceptable)

Other (*please list*):

SELF EMPLOYED CLIENTS:

Recent Income Tax Returns

A Statement from the client's accountant

Business Activity Statements

Financial statements (profit & loss / balance sheet)

Other (*please list*):

REFINANCING CLIENTS:

REFINANCING / SWITCHING AND DEBT CONSOLIDATION:

Copy of existing contract/statement to verify:

- Product type
- Fixed vs. variable rate
- Cost saving features
- Break costs

6-12 months of statements to verify:

- Current interest rate and costs
- Ongoing fees
- Repayment conducts

Payout statement in relation to exit fees of debt being refinanced

SECURITY:

Where a property is being used as security, the ownership of the property will need to be verified (for example, by a rates notice)

ADDITIONAL CLIENT NOTES: