

Client Fact Find Form

Broker Name	Lender ID:	Lender Phone:	
Interview Date		Lender App ID:	
Opportunity Name:		Scanned	<input type="checkbox"/> Uploaded Date:

PERSONAL DETAILS	Borrower 1	Borrower 2
Given Names		
Surname		
Current Address		
Time at Current Address	From Date:	From Date:
Address Status	<input type="checkbox"/> Mortgage <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Mortgage <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Previous Address (if within last 3 years)	From Date: To:	From Date: To:
Drivers Licence No		
Date of Birth		
DL State + Expiry		
Phone Number/s	M: H: W:	M: H: W:
Email Address		
Aust Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No Status <input type="checkbox"/> PR <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No Status <input type="checkbox"/> PR <input type="checkbox"/> Non-Resident
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
Ages of Dependents	No of Dependents::	No of Dependents:
Mothers Maiden Name		
Relative/Friend		
Relationship to You	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> In-Law <input type="checkbox"/> Friend	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> In-Law <input type="checkbox"/> Friend
Relative's Phone No		

CURRENT EMPLOYMENT	Borrower 1 (3 Yr History Required)	Borrower 2 (3 Yr History Required)
Type of Employment	<input type="checkbox"/> PAYG <input type="checkbox"/> Self-employed <input type="checkbox"/> Not employed	<input type="checkbox"/> PAYG <input type="checkbox"/> Self-employed <input type="checkbox"/> Not employed
Status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Permanent <input type="checkbox"/> Casual	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Permanent <input type="checkbox"/> Casual
Employer Name		
Employer ABN		
Employer Address		
Employer/HR Contact		
Employer Contact No		
Position		
Date Started (3 Yr history reqd)		
PAYG Gross Income		

PREVIOUS EMPLOYMENT	Borrower 1 (3 Yr History Required)	Borrower 2 (3 Yr History Required)
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Type of Employment	<input type="checkbox"/> PAYG <input type="checkbox"/> Self-employed <input type="checkbox"/> Not employed	<input type="checkbox"/> PAYG <input type="checkbox"/> Self-employed <input type="checkbox"/> Not employed
Status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Permanent <input type="checkbox"/> Casual	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Permanent <input type="checkbox"/> Casual
Employer Name		
Employer Address		
Employer/HR Contact		
Employer Contact No		
Position		
Start Date	End Date	Start Date End Date
PAYG Gross Income		

SELF-EMPLOYED BORROWERS			
Business Name		ABN	
Type of Entity	<input type="checkbox"/> Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Trust	GST Registered	<input type="checkbox"/> No <input type="checkbox"/> Yes Year Registered:
Nature of Business			
Trustee (if applicable)			
Beneficiaries			

ACCOUNTANT DETAILS (if Self-Employed)			
Business Name			
Accountant Name			
Address			
Contacts	Mobile	Phone	Fax
	Email		

REAL ESTATE AGENT DETAILS			
Name		ABN	
Name of Business		Website	
Address			
Contacts	Mobile	Phone	Fax
	Email		

SOLICITOR / CONVEYANCER DETAILS			
Name		ABN	
Conveyancing Firm		Website	
Address			
Contacts	Mobile	Phone	Fax
	Email		

CURRENT ASSETS				
Asset	Description (incl Address or Account Numbers)	Value	Income / Mth	Owner
Property 1	Address			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Property 2	Address			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Property 3	Address			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Property 4	Address			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Vehicle 1	Make + Year			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Vehicle 2	Make + Year			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Bank Acct 1	Bank + Account No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Bank Acct 2	Bank + Account No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Investments				<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Superannuation				<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Superannuation				<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Contents & Valuables				<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Other				<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Other	<input type="checkbox"/> Deposit Paid			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Other Funds	<input type="checkbox"/> FHOG <input type="checkbox"/> Gift from Parents			

CURRENT LIABILITIES						
Liability	Description (incl Bank & Acct Nos & Type)	Credit Limit	Balance	Monthly Repay	Interest Rate	To be cleared
Mortgage 1	Lender + Acct No					<input type="checkbox"/> Yes
Mortgage 2	Lender + Acct No					<input type="checkbox"/> Yes
Mortgage 3	Lender + Acct No					<input type="checkbox"/> Yes
Mortgage 4	Lender + Acct No					<input type="checkbox"/> Yes
Personal Loan	Lender + Acct No					<input type="checkbox"/> Yes
Personal Loan	Lender + Acct No					<input type="checkbox"/> Yes
Car Finance 1	Lender + Acct No					<input type="checkbox"/> Yes
Car Finance 2	Lender + Acct No					<input type="checkbox"/> Yes
Credit Card 1	Lender + Card No <input type="checkbox"/> Visa <input type="checkbox"/> MC					<input type="checkbox"/> Yes
Credit Card 2	Lender + Card No <input type="checkbox"/> Visa <input type="checkbox"/> MC					<input type="checkbox"/> Yes
HECS / HELP						<input type="checkbox"/> Yes
Other						<input type="checkbox"/> Yes
Other						<input type="checkbox"/> Yes