



AFWM

Australian Finance & Wealth Management

Date:

Client Needs Analysis

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):

Full name/s of trustee/s:

1.

2.

3.

4.

Full names of beneficiaries:

1.

2.

3.

4.

CREDIT ASSISTANCE PROVIDER:

Name:

Company name:

Australian Credit Licence Number / Credit Representative Number (if applicable):

Phone number:

Mobile number:

Email address:

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 will be used) or the reasons for a review of an existing credit contract?

1.		\$
2.		\$
3.		\$

Additional notes:

Amount of credit sought: \$ Term of credit sought: Years

If **purchasing property**, how long are you looking to retain the property for?

< 2 years ☐ 2-5 years ☐ 5-10 years ☐ 10 years plus ☐

Please provide reasons below.

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:

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname:

Given names:

Previous name:

Date of birth: Sex: Male ☐ Female ☐

Resident of (if not Australia):

Marital status: Single ☐ Married ☐ De facto ☐
Widowed ☐ Separated ☐ Divorced ☐

Number of dependents: Ages:

Current address:

Time at current address: Years Months

Current residential status: Own home ☐ Mortgaged ☐ Renting ☐

Boarding ☐ Live with family ☐ Other

If under 2 years, please provide previous address details.

Previous address:

Postal address (if different from current residential address):

Email address:

Home phone number:

Work phone number:

Mobile number:

Fax number:

Preferred daytime contact number: Home ☐ Work ☐ Mobile ☐

Face to face identity check: Yes ☐ No ☐

CLIENT 2:

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname:

Given names:

Previous name:

Date of birth: Sex: Male ☐ Female ☐

Resident of (if not Australia):

Marital status: Single ☐ Married ☐ De facto ☐
Widowed ☐ Separated ☐ Divorced ☐

Number of dependents: Ages:

Current address:

Time at current address: Years Months

Current residential status: Own home ☐ Mortgaged ☐ Renting ☐

Boarding ☐ Live with family ☐ Other

If under 2 years, please provide previous address details.

Previous address:

Postal address (if different from current residential address):

Email address:

Home phone number:

Work phone number:

Mobile number:

Fax number:

Preferred daytime contact number: Home ☐ Work ☐ Mobile ☐

Face to face identity check: Yes ☐ No ☐

IDENTIFICATION DOCUMENTS:

CLIENT 1:

Document type:

Photo ID: Yes ☐ No ☐

Document number:

Place of issue:

Date of issue:

Expiry date:

Name on document:

Document issued by:

Original ☐ Certified ☐

CLIENT 2:

Document type:

Photo ID: Yes ☐ No ☐

Document number:

Place of issue:

Date of issue:

Expiry date:

Name on document:

Document issued by:

Original ☐ Certified ☐

NEAREST LIVING RELATIVE DETAILS:

CLIENT 1:

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname:

Given names:

Sex: Male ☐ Female ☐

Relationship to Client 1:

Current address:

Email address:

Home phone number:

Work phone number:

Mobile number:

Fax number:

Preferred daytime contact number: Home ☐ Work ☐ Mobile ☐

CLIENT 2:

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname:

Given names:

Sex: Male ☐ Female ☐

Relationship to Client 2:

Current address:

Email address:

Home phone number:

Work phone number:

Mobile number:

Fax number:

Preferred daytime contact number: Home ☐ Work ☐ Mobile ☐

YOUR EMPLOYMENT DETAILS:

CLIENT 1:

Employment status:

PAYG employee ☐ Self employed ☐ Family business ☐ Full time ☐
Part time ☐ Casual ☐ Contractor ☐ Temporary ☐
Home duties ☐ Retired ☐ Student ☐
Not employed ☐ Govt. benefit recipient ☐
Other

Occupation:

Employment sector or nature of business:

Employer/Company name and address:

Employer contact name and phone number (HR / Payroll contact):

Employer email:

Time at current employment:

Years Months

Average hours per week (if casual or part time):

Hours

If employed or in business for less than 2 years, please provide previous employment details.

Previous occupation and industry (if different from current):

Previous employment status:

PAYG employee ☐ Self employed ☐ Family business ☐ Full time ☐
Part time ☐ Casual ☐ Contractor ☐ Temporary ☐
Home duties ☐ Retired ☐ Student ☐
Not employed ☐ Govt. benefit recipient ☐
Other

Previous employers name and address:

Time at previous employment:

Years Months

CLIENT 2:

Employment status:

PAYG employee ☐ Self employed ☐ Family business ☐ Full time ☐
Part time ☐ Casual ☐ Contractor ☐ Temporary ☐
Home duties ☐ Retired ☐ Student ☐
Not employed ☐ Govt. benefit recipient ☐
Other

Occupation:

Employment sector or nature of business:

Employer/Company name and address:

Employer contact name and phone number (HR / Payroll contact):

Employer email:

Time at current employment:

Years Months

Average hours per week (if casual or part time):

Hours

If employed or in business for less than 2 years, please provide previous employment details.

Previous occupation and industry (if different from current):

Previous employment status:

PAYG employee ☐ Self employed ☐ Family business ☐ Full time ☐
Part time ☐ Casual ☐ Contractor ☐ Temporary ☐
Home duties ☐ Retired ☐ Student ☐
Not employed ☐ Govt. benefit recipient ☐
Other

Previous employers name and address:

Time at previous employment:

Years Months

YOUR FINANCIAL POSITION: *The following asset and liability information provides a snapshot of your net worth position.*

ASSET TYPE:	VALUE:	LIABILITY TYPE:	LIMIT:	MONTHLY REPAYMENT:	AMOUNT OWING:
Principal home		Principal home			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Address: _____		Interest rate: _____ % Lender: _____			
Investment property		Investment property			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Address: _____		Interest rate: _____ % Lender: _____			
Investment property		Investment property			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Address: _____		Interest rate: _____ % Lender: _____			
Holiday home		Holiday home			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Address: _____		Interest rate: _____ % Lender: _____			
Motor vehicle		Motor vehicle finance			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Type: _____		Interest rate: _____ % Lender: _____			
Motor vehicle		Motor vehicle finance			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Type: _____		Interest rate: _____ % Lender: _____			
Investments (eg. shares, managed funds, term deposits)	\$	Line of credit			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
		Interest rate: _____ % Lender: _____			
Cash (including savings)	\$	Credit cards and retail store cards (Total combined limits etc.)			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Superannuation	\$	Margin lending or other invest. loans			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
		Interest rate: _____ % Lender: _____			
Contents (insured value)	\$	Interest free debt			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Other assets (eg. boats, caravans collections)	\$	Overdrafts and other bank facilities			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Other—provide details	\$	Loans as guarantor			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
	\$	Hire purchase (Total of all HP agreements)			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
	\$	Personal debt			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
	\$	Lease (Total of all lease agreements)			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
	\$	HECS liability / Taxation debt			
Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
		Other liabilities — provide details			
		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
TOTAL ASSETS (A)	\$	TOTAL LIABILITIES (B)	\$	\$	\$
			NET WORTH (A-B)		
			\$		

YOUR INCOME AND EXPENDITURE:

YOUR INCOME IF PAYG CLIENTS:

CLIENT 1:

ANNUAL INCOME:

	GROSS	NET
Base incomes/salary	\$	\$
Bonuses	\$	\$
Period of receipt:		
Regular overtime	\$	\$
Period of receipt:		
Existing rental income		\$
Expected rental income		\$
Investment income		\$
Government allowances		\$
Other		\$
SUBTOTAL (1)		\$

CLIENT 2:

ANNUAL INCOME:

	GROSS	NET
Base incomes/salary	\$	\$
Bonuses	\$	\$
Period of receipt:		
Regular overtime	\$	\$
Period of receipt:		
Existing rental income		\$
Expected rental income		\$
Investment income		\$
Government allowances		\$
Other		\$
SUBTOTAL (2)		\$

TOTAL CURRENT NET ANNUAL INCOME (1+2)

\$

YOUR ANNUAL INCOME IF SELF EMPLOYED (LAST TWO FINANCIAL YEARS):

The following information is for: Client 1 ☐ Client 2 ☐ Both ☐

FINANCIAL YEAR ENDING

/ / :

Sales	\$
Less cost of goods sold	\$
Gross profit	\$
Operating expenses	\$
NET PROFIT BEFORE TAX	\$

ADD BACKS:

One off expenses	\$
Interest	\$
Superannuation	\$
Depreciation	\$
Directors salaries and fees	\$
Other	\$
SUBTOTAL	\$
Less tax	\$
TOTAL	\$

FINANCIAL YEAR ENDING

/ / :

Sales	\$
Less cost of goods sold	\$
Gross profit	\$
Operating expenses	\$
NET PROFIT BEFORE TAX	\$

ADD BACKS:

One off expenses	\$
Interest	\$
Superannuation	\$
Depreciation	\$
Directors salaries and fees	\$
Other	\$
SUBTOTAL	\$
Less tax	\$
TOTAL	\$

(Last financial year) **TOTAL NET ANNUAL INCOME**

\$

Total expected rental income

\$

Total net annual income (PAYG) + total net annual income (Self Employed) **TOTAL CURRENT NET ANNUAL INCOME**

\$

Total net annual income ÷ 12 **TOTAL CURRENT NET MONTHLY INCOME (A)**

\$

YOUR ANNUAL INCOME IF SELF EMPLOYED (LAST TWO FINANCIAL YEARS): *Continued*

ACCOUNTANT'S DETAILS:

Accounting firm:

Contact name:

Contact phone 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

\$

CURRENT MONTHLY LOAN REPAYMENTS / RENT:

Rent:

\$

Will this expenditure continue after settlement? Yes* ☐ No ☐

Existing home loan:

\$

Will this expenditure continue after settlement? Yes* ☐ No ☐

Existing investment loan:

\$

Will this expenditure continue after settlement? Yes* ☐ No ☐

Credit cards / store cards
(combined monthly payment):

\$

Will this expenditure continue after settlement? Yes* ☐ No ☐

Personal loan / car loan:

\$

Will this expenditure continue after settlement? Yes* ☐ No ☐

Other loans:

\$

Will this expenditure continue after settlement? Yes* ☐ 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)

\$

CURRENT MONTHLY LIVING EXPENSES:

Food / housekeeping:

\$

Insurance: (eg. motor vehicle, home contents / building,
medical, life / income protection)

\$

Utilities: (eg. rates, gas, electricity, telephones)

\$

Transport:
(eg. public transport, petrol, registration, repairs)

\$

Education:
(eg. school, college, university)

\$

Dependants support:
(eg. childcare, child maintenance)

\$

Entertainment:

\$

Other:

\$

CURRENT MONTHLY LIVING EXPENSES (E)

\$

TOTAL FUTURE NET ANNUAL INCOME

\$

TOTAL FUTURE NET MONTHLY INCOME# (I)

\$

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:

Borrower name/s property 1:

Address of security property 1:

Borrower name/s property 2:

Address of security property 2:

Borrower name/s property 3:

Address of security property 3:

IF YOU'RE PURCHASING:

PURCHASE AND LOAN COSTS:

Purchase price:

Lender application / Valuation fees:

Transfer stamp duty:

Legal and registration fees:

LMI: Add to loan? Yes ☐ No ☐

TOTAL COSTS (A)

LOAN AMOUNT REQUESTED (B)

OWN FUNDS REQUIRED (A-B)=C

AVAILABLE FUNDS:

Deposit paid:

Cash savings:

Sale proceeds:

Gift:

FHOG:

Other:

TOTAL OWN FUNDS (D)

OWN FUNDS REQUIRED (A-B)=C

SURPLUS/SHORTFALL (D-C)

IF YOU'RE REFINANCING OR INCREASING A LOAN:

Purpose for refinancing / top up?

Better rate ☐

Consolidate debts ☐

Current loan balance:

Need extra cash ☐

Restructure ☐

Investing ☐

Renovating ☐

Lender application / Valuation fees:

Building ☐

Other ☐

Legal fees:

Property value (property being refinanced):

LMI: Add to loan? Yes ☐ No ☐

Total amount owed:

Discharge costs:

Property status: Owner occupied ☐

Investment property ☐

Vacant land ☐

Other exit fees:

SUBTOTAL REFINANCE AND 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:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loan / credit card liability type:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated payout amount:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Current interest rate:	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Remaining term of loan:	<input type="text"/> Y <input type="text"/> M	<input type="text"/> Y <input type="text"/> M	<input type="text"/> Y <input type="text"/> M	<input type="text"/> Y <input type="text"/> M	<input type="text"/> Y <input type="text"/> M	<input type="text"/> Y <input type="text"/> M	<input type="text"/> Y <input type="text"/> M	<input type="text"/> Y <input type="text"/> M

Other debt: As part of the proposed consolidation of debt, are credit card limits going to be reduced or cancelled? Please provide details below.

Yes ☐ No ☐

YOUR PREFERRED LOAN OPTIONS:

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 & 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)*

- ☐ **Principal & 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.**

YOUR PREFERRED LOAN FEATURES:

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 loan 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 against the loan 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"/> 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:

Yes ☐ No ☐

If yes, provide details below.

CLIENT 2:

Yes ☐ No ☐

If yes, provide details below.

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

CLIENT 1:

Yes ☐ No ☐

If yes, provide details below.

CLIENT 2:

Yes ☐ No ☐

If yes, provide details below.

PROTECTING YOUR LIFESTYLE / ASSETS:

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

CLIENT 1:

Yes ☐ No ☐

If no, provide details below.

CLIENT 2:

Yes ☐ No ☐

If no, provide details below.

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

- (a) temporarily unable to earn an income, for example through sickness / illness?
- (b) permanently unable to earn income, for example through death / permanent disability?

CLIENT 1:

Provide details below.

CLIENT 2:

Provide details below.

Would you like someone to contact you regarding life insurance? Yes ☐ No ☐

Do you have any home and contents insurance? Yes ☐ No ☐

Would you like someone to contact you regarding home and contents insurance? Yes ☐ No ☐

Would you like someone to contact you regarding life insurance? Yes ☐ No ☐

Do you have any home and contents insurance? Yes ☐ No ☐

Would you like someone to contact you regarding home and contents insurance? Yes ☐ 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:

Yes ☐ No ☐

If yes, what are the reasons for the changes and what is the expected impact?

Is this a permanent change? Yes ☐ No ☐

Mitigant:

Estimated start date: Estimated end date:

CLIENT 2:

Yes ☐ No ☐

If yes, what are the reasons for the changes and what is the expected impact?

Is this a permanent change? Yes ☐ No ☐

Mitigant:

Estimated start date: Estimated end date:

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 ☐ 6 months ☐ 12 months ☐
 - salary payments 3 months ☐ 6 months ☐ 12 months ☐
 - regular savings pattern 3 months ☐ 6 months ☐ 12 months ☐
- ☐ Confirmation of employment with the employer (subject to the requirements of the Privacy Act 1988)
eg. 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 conduct
- ☐ Payout statement in relation to exit fees and amount 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:

Applicant 1 Signature

Applicant 2 Signature

Applicant 3 Signature

Applicant 4 Signature