

**Australian Credit Licence 382878** 

Telephone: 08 92073702 Facsimile: 08 92073483

Email: joezappia@accessfinanceandcapital.com Website: www.accessfinanceandcapital.com

# Client Needs Analysis & Fact Find

For Office Use Only	
<b>Customer Names:</b>	
Date Received:	

The document is designed to facilitate the collection of personal and financial information that will assist us in finding the right loan to meet your requirements. All information is held in strictest confidence in terms of our privacy policy (refer to our website <a href="www.accessfinanceandcapital.com">www.accessfinanceandcapital.com</a>).

# **Applicant 1 Personal Details:**

First and Middle Names:	
Preferred Name:	
Surname:	
Title:	Dr / Mr / Mrs / Miss / Ms
Date of Birth:	
Marital Status:	Single / Married / De-facto / Divorced / Separated / Widowed
Address:	
Period at address:	Since / / to / /
Preferred Mailing Address:	
Previous Address: (if less than 3 years at current address)	
	Since / / to / /
Drivers' Licence no: Expiry Date:	/ /
Dependant Children's Names and Date of Birth:	
Telephone - Home:	
Work:	
Mobile:	
Preferred Contact Number:	Home / Work / Mobile
Email Address:	
Occupation:	
Employment Status:	Full Time / Part Time / Self Employed / Contractor / Retired / Not Employed
Employer Name:	
Employer Address:	
Employer Contact:	
Employer Telephone:	
Length of employment: (current employer)	Since / / to / /
Previous Employer: (if less than 3 years current employment)	
Contact Name & telephone number:	
Length of Employment:	Since / / to / /

## **Applicant 2 Personal Details (when applicable):**

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First and Middle Names:	
Preferred Name:	
Surname:	
Title:	Dr / Mr / Mrs / Miss / Ms
Date of Birth:	1 1
Marital Status:	Single / Married / De-facto / Divorced / Separated / Widowed
Address:	
Period at address:	Since / / to / /
Preferred Mailing Address:	
Previous Address: (if less than 3 years at current address)	
current address)	Since / / to / /
Drivers' Licence no:	1 1
Expiry Date:  Dependant Children's Names and Date	
of Birth:	
Telephone - Home:	
Work:	
Mobile:	
Preferred Contact Number:	Home / Work / Mobile
Email Address:	
Occupation:	
Employment Status:	Full Time / Part Time / Self Employed / Contractor / Retired / Not Employed
Employer Name:	
Employer Address:	
Employer Contact:	
Employer Telephone:	
Length of employment: (current employer)	
Previous Employer: (if less than 3 years current employment)	
Contact Name & Telephone number:	
Length of Employment:	

### Statement of Assets and Liabilities as at / /

Property Assets	Address	Value \$
Street: (1) Suburb:		
Street: (2) Suburb:		
Street: (3) Suburb:		

Other Assets	Description	Value \$
Car(s) Make/Model/Year:		
Car(s) Make/Model/Year:		
Savings/Investment acc:		
Savings/Investment acc:		
Savings/Investment acc:		
Deposit Paid:		
Superannuation:		
House contents:		
Other Assets:		
Other (life insurance)		
TOTAL ASSETS		

Liabilities	Lender	Limit	Amount owing	Repayments	Monthly/ Fortnightly
Existing Mortgage (1)					
Existing Mortgage (2)					
Existing Mortgage (3)					
Other Loans:					
Store Accounts, Credit Cards:					
TOTAL LIABILITIES					
Surplus net asset position/ (Deficiency)					

#### **Income Position:**

	Applicant 1	Applicant 2
Gross Income per annum:		
Net Income per annum:		
Overtime/Bonus		
Rental Income		
Family Payment		
Other Income		
Self Employed:		
Net Profit		
Addbacks:		
Depreciation		
Interest		
H/P/Lease charges		
Partners/Directors Salary		
What Types of Home Loan Features I  Interest Rate (variable) Pay off Quick  Network  Top up Interest Only Redraw  Professional Repofits Reskages	ly 🗌 Fixed Interest Rate 🗆	_
Professional Benefits Packages:  Non Bank □ Bank □ Internet Banking		
Branch Banking $\Box$ Telephone Banking		
<b>Personal and Financ</b>	ials:	
PERSONAL DETAILS		
	□Unit □Other □C	Owned□Mortgaged□Rented□Boarding
Information:	// 11 - m -1	
Name & Address of Mortgage		dit Uniono oto Account
Banking Details: e.g. Banks, B	Bank Bank	Branch Type
Name Nearest Name, address		
Relative (not living with you.)		
Private Name, address & phone No.		
Accountant-Tax Agent – (if	Name, address	

Purpose of Lei	nding Required	d?					
Purchase Price:		Real Estate Ag	gent:				
- less deposit:							
		PHONE:		(08)	FAX	(80)	
Payout Existing Loan: (if applicable)		Financier (if a Loan Account					
Loan Required:							
Refinance:	Loan Details:						
Current Loan Repayments:							
Repayments	☐ Monthly	│ □ Fortnight	l :ly				
holidays)							
Do you anticipate For example, cha	e any material cl nge in employn	hanges to you nent, income o	r finan or expe	cial situation? nditure?	□Ye	s [	□No

Previous Banking and Lending History. (Include likes and dislikes)				
inancial affairs and will be used	lied gives a complete and accurate reflection of my/our he basis for my/our finance application. I/We also declare that upt and there are no writs or judgements against me/us. defaults.			
Applicant Name:	Applicant Name:			
Signature:	Signature:			
Date	Date:			

#### **Insurance/Wealth Creation**

Self Manage Super fund Lending

We have a duty of care obligation to ensure that you have adequate risk cover to protect your assets. Do you have Life Insurance? YES ☐ NO ☐ If yes - would you like a free review to see if we can get more Life Insurance at the same price or the same level of Life Insurance at a cheaper price and save you some money? YES NO If no - how would your family/ business cope should you die prematurely? Is your car insured, your house? What about your most important asset, your ability to earn an income - do you have Income Protection insurance? NO  $\square$ YES 🗍 Would you like a free review of your Life and Income Protection Insurance Requirements - Obligation YES NO If no, please sign the Referral Decline Letter Best time to contact: ☐ 9am – 12pm  $\square$  12 – 6pm ☐ 6 - 8pm We have an association with a financial Planner that specialises in looking after the personal risk insurance needs of clients of our firm. Do you authorise Access Finance and Capital Pty Ltd to provide the above information to our financial planner for an obligation free insurance review. YES \( \square\) NO \( \square\) Yes ☐ NO ☐ Are you interested in Estate Planning (living Will)? Are you interested in Wealth Creation Strategies? YES ☐ NO ☐

Applicant Name:	Applicant Name:	
Signature:	Signature:	
Date	Date:	

YES \|\ NO \|\