

GENERAL INFORMATION

Broker Name	_____	Broker Company	_____
Date Credit Guide Provided	___/___/___	Interview Date	___/___/___
Interview Method	<input type="checkbox"/> Phone <input type="checkbox"/> Face to face <input type="checkbox"/> Online <input type="checkbox"/> Other(detail): _____		
ID Document Verification Method	<input type="checkbox"/> Face to face <input type="checkbox"/> Certified/Prescribed Persons <input type="checkbox"/> Branch <input type="checkbox"/> VOI <input type="checkbox"/> Embassy/Consulate		

PERSONAL DETAILS

	APPLICANT 1 <input type="checkbox"/> Primary <input type="checkbox"/> Guarantor		APPLICANT 2 <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Guarantor	
Title (Mr, Mrs, Ms, Miss, Dr, etc.)				
Given Name/s				
Also Known As/Preferred Name				
Surname				
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced	
Date of Birth	___/___/___		___/___/___	
Town of Birth				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Residency – Permanent in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, Country: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If no, Country: _____	
Visa Type (if applicable)				
Current Address				
Start date at current address	___/___/___		___/___/___	
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 Addresses				
Dates at Address	From: ___/___/___ To: ___/___/___		From: ___/___/___ To: ___/___/___	
Driver Licence Number				
State	Expiry Date ___/___/___		Expiry Date ___/___/___	
Phone Numbers	M: _____ H: _____ W: _____		M: _____ H: _____ W: _____	
Email Address				
Ages of All Dependents				
Nearest Relative *Not living with you				
Relationship to You				
Contact Phone Number				
Address Details				
Mother's Maiden Name				

CURRENT EMPLOYMENT | Min. 3 years

	APPLICANT 1		APPLICANT 2	
Type of Employment	<input type="checkbox"/> PAYG <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed		<input type="checkbox"/> PAYG <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed	
Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contract		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contract	
Sector	<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Public <input type="checkbox"/> Private	
Company Name				
Company Address				
Occupation Role				
Start Date with Company	___/___/___		___/___/___	
Gross Annual Income	\$ _____		\$ _____	
<small>*Bonus, Overtime, Allowances, Commissions, etc. to be added to the INCOME section below.</small>				
Employer Contact Name				
Employer Contact Number				

SECOND JOB	APPLICANT 1	APPLICANT 2
Type of Employment	<input type="checkbox"/> PAYG <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> PAYG <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed
Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contract
Sector	<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Public <input type="checkbox"/> Private
Company Name		
Company Address		
Occupation Role		
Start Date with Company	___/___/___	___/___/___
Gross Annual Income	\$ _____	\$ _____
Employer Contact Name		
Employer Contact Number		

PREVIOUS EMPLOYMENT Where <3 yrs	APPLICANT 1	APPLICANT 2
Type of Employment	<input type="checkbox"/> PAYG <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> PAYG <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed
Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contract
Sector	<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Public <input type="checkbox"/> Private
Company Name		
Company Address		
Occupation Role		
Dates with Employer	From: ___/___/___ To: ___/___/___	From: ___/___/___ To: ___/___/___
Employer Contact Name		
Employer Contact Number		

INCOME	APPLICANT 1	APPLICANT 2
Base Salary	\$ _____	\$ _____
Income Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Regular Overtime	\$ _____	\$ _____
Regular Commission / Bonuses	\$ _____	\$ _____
Regular Motor Vehicle Allowance	\$ _____	\$ _____
Regular Allowances – Other	\$ _____ Type _____	\$ _____ Type _____
Existing Rental Income	\$ _____	\$ _____
Proposed New Rental Income	\$ _____	\$ _____
Investment Income e.g. Share Dividends	\$ _____	\$ _____
Government Payments	<input type="checkbox"/> Family <input type="checkbox"/> Pension <input type="checkbox"/> Carer's <input type="checkbox"/> Other _____	<input type="checkbox"/> Family <input type="checkbox"/> Pension <input type="checkbox"/> Carer's <input type="checkbox"/> Other _____
	\$ _____	\$ _____
Other	\$ _____ Type _____	\$ _____ Type _____

SELF-EMPLOYED APPLICANTS		
Applicant/s	<input type="checkbox"/> APPLICANT 1 <input type="checkbox"/> APPLICANT 2	
Business Name		
Type of Entity	Website	
ABN/ACN	Industry	
Net Profit	Current FY \$ _____	Previous FY \$ _____
Add Backs	Current FY \$ _____	Previous FY \$ _____
Accountant Details		
Contact Name	Contact Number	

Trustee (if applicable)

Beneficiaries

SOLICITOR / CONVEYANCER DETAILS | If known

Conveyancing Firm / Solicitor Company

Contact Name

Contact Number

Email

VALUATION CONTACT

Owner/Occ / Refinances

Applicant 1 Applicant 2

Contact Number

Purchases

Solicitor above Other _____

Contact Number

FUNDS TO COMPLETE | Where are you obtaining the funds that you are contributing to the transaction?

Proceeds of Property Sale \$

Savings

\$

Government Grant

\$

Type

Other

\$

Detail

CURRENT ASSETS

Asset	Address / Description	Value	Lender	Ownership
Property 1		\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Applicable Mortgage # _____	<input type="checkbox"/> House <input type="checkbox"/> Unit <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Land	Income p/m \$		
Property 2		\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Applicable Mortgage # _____	<input type="checkbox"/> House <input type="checkbox"/> Unit <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Land	Income p/m \$		
Property 3		\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Applicable Mortgage # _____	<input type="checkbox"/> House <input type="checkbox"/> Unit <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Land	Income p/m \$		
Bank Account 1	BSB _____ Account _____ <input type="checkbox"/> Transaction <input type="checkbox"/> Saving <input type="checkbox"/> Pension <input type="checkbox"/> Term Deposit	\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Bank Account 2	BSB _____ Account _____ <input type="checkbox"/> Transaction <input type="checkbox"/> Saving <input type="checkbox"/> Pension <input type="checkbox"/> Term Deposit	\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Bank Account 3	BSB _____ Account _____ <input type="checkbox"/> Transaction <input type="checkbox"/> Saving <input type="checkbox"/> Pension <input type="checkbox"/> Term Deposit	\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Bank Account 4	BSB _____ Account _____ <input type="checkbox"/> Transaction <input type="checkbox"/> Saving <input type="checkbox"/> Pension <input type="checkbox"/> Term Deposit	\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Bank Account 5	BSB _____ Account _____ <input type="checkbox"/> Transaction <input type="checkbox"/> Saving <input type="checkbox"/> Pension <input type="checkbox"/> Term Deposit	\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Vehicle 1	Model _____ Year _____	\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Vehicle 2	Model _____ Year _____	\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Shares / Investments		\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Superannuation	Institution _____	\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Superannuation	Institution _____	\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Home Contents		\$		<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"/> App 1 <input type="checkbox"/> App 2

CURRENT LIABILITIES

Liability	BSB	Acct.	Lender	Limit	Amount Owning	Monthly Repayment	Clearing / Refinance	% Rate	Remaining Term / Expiry	Ownership
Mortgage 1 Property # _____				\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Mortgage 2 Property # _____				\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Mortgage 3 Property # _____				\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Mortgage 4 Property # _____				\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Mortgage 5 Property # _____				\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Personal Loan				\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Car Finance 1				\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Car Finance 2				\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Credit Card 1	Last 4 digits			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Credit Card 2	Last 4 digits			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Credit Card 3	Last 4 digits			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
HECS / HELP				\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Other				\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Other				\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> App 1 <input type="checkbox"/> App 2

OTHER ITEMS

Expected Retirement Age/s	Applicant 1	Applicant 2
Exit Strategy		

CREDIT HISTORY

	APPLICANT 1	APPLICANT 2
Have you ever had any defaults, financial judgments, or legal proceedings against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you having difficulty meeting your financial commitments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are any existing debts currently in arrears?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>If yes to any of the above, please provide further details</i>		

PROTECTING LIFESTYLE AND ASSETS

Have you reviewed your personal risk insurance requirements in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Do you have sufficient life insurance to cover, as a minimum, your existing and proposed debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
If your income reduces, due to illness or injury, do you have the insurance to cover your loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Are you sure your existing insurance is adequate for:	
• Home building and contents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
• Motor vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
• Landlord protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
• Boat or caravan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
• Commercial insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
I wish to pursue a free and non-obligation consultation to discuss my insurance needs (Allianz)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
I wish to pursue a free and non-obligation consultation to discuss my home connection needs, such as internet, electricity, gas, etc. (Smart Select)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

MONTHLY LIVING EXPENSES		CURRENT	POST-SETTLEMENT
Board	Ongoing board commitments post-settlement	\$	\$
Child Care	Childcare, including nannies.	\$	\$
Child Maintenance	Child and/or spousal maintenance costs	\$	\$
Clothing & Personal Care	Clothing, footwear, cosmetics, personal care.	\$	\$
Entertainment	Entertainment costs including alcohol, tobacco, gambling, restaurants, membership fees and holidays.	\$	\$
Groceries	Groceries including food and toiletries. <i>Excluding</i> alcohol & tobacco	\$	\$
Health Care	Medical and health costs, <i>excluding</i> Insurance	\$	\$
Higher Education & Vocational Training	Tertiary education fees and textbooks <i>Excluding</i> HECS & HELP (refer Liabilities)	\$	\$
Holiday Home Costs	Costs associated with any secondary residences	\$	\$
Home & Vehicle Insurance	Insurance costs such as personal belongings, travel and ambulance insurance, home, and content, building and any compulsory insurance of motor vehicles (combined insurance and registration) other than recreation vehicles.	\$	\$
Home Maintenance & Utilities	Housing and property expenses on owner occupied property including rates, levies, repairs and maintenance, all other household items and utilities <i>Excluding</i> land tax, body corporate and strata fees, telephone, internet, pay TV and insurances.	\$	\$
Investment Property Costs	All costs associated with an 'Investment Property' including building/contents insurance, rates, taxes, levies, body corporate, strata fees, repairs, maintenance.	\$	\$
Medical & Life Insurance	Hospital, medical and dental health insurance, sickness and personal accident insurance, life insurance.	\$	\$
Other	Other Regular and Recurring Expenses	\$	\$
Other Insurances	Insurance of recreational vehicles such as motorcycle, caravan, trailer, boat, and aircraft including combined insurance and registration	\$	\$
Pet Care	Expenses related to pet care	\$	\$
Private & Non-Government Education	Private/Non-Government school fees/uniforms and textbooks	\$	\$
Public Primary & Secondary Education	Public or Secondary school fees/uniforms and textbooks	\$	\$
Rental Expenses	Ongoing rent commitments post-settlement	\$	\$
Strata Fees & Land tax	Land Tax, Body Corporate and Strata Fees on O/O Property	\$	\$
Telephone & Internet	Telephone accounts (home and mobile), internet, pay TV and media streaming subscriptions (such as Netflix, Apple Music and Spotify).	\$	\$
Vehicle Maintenance & Transport	Public transport, motor vehicle running costs including fuel, servicing, registration, parking, and tolls	\$	\$
TOTAL MONTHLY EXPENSES		\$ _____	\$ _____

Why are total monthly expenses equal to OR less than HEM?
If applicable.

PRIVACY DISCLOSURE STATEMENT & CONSENT

We are collecting personal and financial information about you to provide you with our broking services.

1. The information you provide will be held by us and Finsure Finance and Insurance (Australian Credit Licence 384704).
2. You appoint us your agent to obtain your credit information from a credit reporting body on your behalf.
3. You appoint us, our employees, and our agent's permission to contact your employers, accountant, superannuation provider or anyone else as required for the purpose of verifying details supplied by you.
4. We may use credit information and any other information you provide to arrange or provide finance and other services.
5. We may exchange the information with the following types of entities, some of which are located overseas:
 - Persons who provide finance or other products to you, or to whom an application has been made for those products.
 - Financial consultants, accountants, lawyers, and advisers
 - Any industry body, tribunal, court or otherwise in connection with any complaint regarding our services
 - Any person where we are required by law to do so
 - Any of our associates, related entities, contractors, and outsourcing partners some of which are in the Philippines
 - Your referees, such as your employer, to verify information you have provided
 - Any person considering acquiring an interest in our business or assets
 - Any organisation providing online verification of your identity
6. You confirm that you are authorised to provide the personal details presented and consent to your information being checked with the document issuer or official record holder via third party systems for the purpose of confirming your identity
7. You may gain access to the personal information that we hold about you by contacting us. A copy of our privacy policy can be obtained at www.finsure.com.au or by contacting us on 1300 769 415. Our privacy policy contains information about how you may access or seek correction of the information we hold about you, how we manage that information and our complaints process.

If you do not provide the information, we may be unable to assist in arranging finance or providing other services.

APPLICANT(S) EXECUTION
Declaration and Acknowledgement

- You confirm that all information in this document has been recorded correctly.
- You can confirm that you have been provided with a Credit Guide.
- You agree that we may collect and use your personal information as specified in the Disclosure Statement above.
- You acknowledge that you have been informed about your risk insurance options.

APPLICANT 1
APPLICANT 2

 Print Name

 Print Name

 Signature

 Signature

 Date

 Date

ADDITIONAL BROKER NOTES

Blank area for additional broker notes.