

Other

GENERAL INFORMATION

New Client?

Broker Name

Date Credit Guide Provided

Interview Method

ID Verification Method

Application Type
Broker Company

Interview Date



APPLICANT 1

PERSONAL DETAILS

Title First Name

Middle Name (s)

Surname

Gender Date of Birth (DOB)

APPLICANT 2

PERSONAL DETAILS

Title First Name

Middle Name (s)

Surname

Gender Date of Birth (DOB)



CONTACT DETAILS

Mobile No. Home Phone No. Work Phone No.

Email

Current Address

Residential Status

Previous Residential Address (if less than 3 years)

Residential Status Start Date at Previous Address

Start Date at Current Address

Mailing Address Settlement Address

CONTACT DETAILS

Mobile No. Home Phone No. Work Phone No.

Email

Current Address

Residential Status Start Date at Current Address

Previous Residential Address (if less than 3 years)

Residential Status Start Date at Previous Address

Mailing Address Settlement Address

IDENTIFICATION DETAILS

Country of Residency

Citizenship of

Australian Residential Status

Drivers License No. Passport No.

IDENTIFICATION DETAILS

Country of Residency

Citizenship of

Australian Residential Status

Drivers License No. Passport No.

APPLICANT 1

FAMILY RELATION DETAILS

No. of Dependents Ages of Dependents **Marital Status**

Mother's Maiden Name

Spouse First Name Spouse Surname

Next of Kin Name Next of Kin Relationship

Next of Kin Phone No. Next of Kin Address

APPLICANT 2

FAMILY RELATION DETAILS

No. of Dependents Ages of Dependents **Marital Status**

Mother's Maiden Name

Spouse First Name Spouse Surname

Next of Kin Name Next of Kin Relationship

Next of Kin Phone No. Next of Kin Address

CURRENT EMPLOYMENT (MIN 3 YEARS)

Type of Employment Status

Sector Company Name

Company Address

Occupation Role

From To

Date with Employer

Employer Contact Name Employer Contact No.

CURRENT EMPLOYMENT (MIN 3 YEARS)

Type of Employment Status

Sector Company Name

Company Address

Occupation Role

From To

Date with Employer

Type of Employment

Company Address

Occupation Role

Sector

Employer Contact Name Employer Contact No.

PREVIOUS EMPLOYMENT (LESS THAN 3 YEARS)

Status

Company Name

PREVIOUS EMPLOYMENT (LESS THAN 3 YEARS)

Type of Employment Status

Sector Company Name

Company Address

Occupation Role

Date with Employer

From

To

To

Date with Employer

Employer Contact Name Employer Contact No. **Employer Contact Name**

From

Employer Contact No.

APPLICANT 1		APPLICANT 2	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$	Туре	\$	Type
\$		\$	
\$	Туре	\$	Type
\$	Type	\$	Type
	\$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Type \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

SELF-EMPLOYED APPLICANTS

Applicant(s)

Business Name

Type of Entity

Website

ABN/ACN

Industry

Current FY

Previous FY

Contact Name

Current FY Add Backs \$

\$

Accountant Details

Contact Name

Beneficiaries

Net Profit \$

Trustee (if applicable)

APPLICANT 1

SELF-EMPLOYED APPLICANTS

APPLICANT 1

Applicant(s)

ABN/ACN

Business Name

Type of Entity

Website

Industry

Current FY

Net Profit \$

Current FY

Previous FY

Previous FY

\$

Add Backs \$

Accountant Details

Contact Name

Contact Name

Trustee (if applicable)

Beneficiaries

CREDIT HISTORY APPLICANT 1 APPLICANT 2

Have you ever had any default financial judgement or legal proceeding against you?

Previous FY

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

Are any of your existing debts currently in arrears?

Do you expect any significant changes to your financial situation in the foreseeable future that would adversely impact your commitment?

How you expect to meet your commitments?

Please comment if your answer "Yes" to any of the questions

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Other

ASSETS					
Property		Address		Value \$	Ownership
Property		Address	Monthly Rent \$	Value \$	Ownership
Vehicle		Make & Model	Year Made	Value \$	Ownership
-					
Bank Account	Lender	Account Type	Account No.	Value \$	Ownership
Home Content	ts Details			Value \$	Ownership
Shares Investn	nents Institution			Value \$	Ownership
Super Fund	Institution			Value \$	Ownership

TOTAL ASSETS
TOTAL MONTHLY RENT

Value \$

Ownership

LIABILITIES

Interest Fixed Rate Repayment Interest Only
Loan/Lender Account No. rate ^{Exp.} Ownership Limit \$ Balance \$ Repayment Type Expiry Date Clearing

Credit Card Lender Account Number Interest Rate % Limit \$ Balance \$ Repayment

Vehicle Loan & Lender Account Number Interest Rate % Loan Expiry Ownership Limit \$ Balance \$ Repayment

HELP/HECS Ownership Balance \$ Repayment

TOTAL LIABILITIES LIMIT TOTAL LIABILITIES BALANCE

SOLICITOR/CONVEYANCER DETAILS (IF KNOWN)

Conveyancing Firm/Solicitor Company Contact Name

Contact No. Email Address



MONTHLY LIVING EXPENSES

24. Telephone & Internet

25. Vehicle Maintenance & Transport

ONGOING POST-SETTLEMENT POST-SETTLEMENT CURRENT 1. Board \$ 2. Child Care \$ 3. Child Maintenance \$ 4. Clothing & Personal Care \$ 5. Entertainment \$ 6. Groceries \$ 7. Health Care 8. Higher Education & Vocational Training \$ 9. Home Maintenance \$ 10. Investment Property Costs \$ 11. Medical & Life Insurance \$ 12. Other \$ 13. Other Insurances 14. Pet Care \$ 15. Private & Non-Government Education \$ 16. Public Primary & Secondary Education \$ 17. Electricity \$ 18. Gas \$ 19. Home & Contents Insurance \$ 20. Vehicle Insurance \$ 21. Rates & Water \$ 22. Rental Expenses \$ \$ 23. Strata Fees & Land Tax

TOTAL CURRENT EXPENSES
TOTAL POST-SETTLEMENT 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 asset
- Any organization providing online verification of your identity

6. You confirm that you are authorized 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 Acknowledgment

- You confirm that all information 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



CUSTOMER INFORMATION FORM