



Consultant Name:	Appointment Date: ____/____/____	Location:
Source: <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Referral <input type="checkbox"/> Existing <input type="checkbox"/> Walk-in <input type="checkbox"/> Others: ____		

Client Profile

	Applicant 1	Applicant 2
Name:		
Date of Birth:		
Marital Status:		
No. of Dependents/Age	Age:	Age:
Permanent Resident of:		
Current Residential Address:		
Residential Status:		
Moved in since:	____/____/____	____/____/____
Postal Address:		
Previous Address (if < 3 years):		
Residential Status:		
Moved in since:	____/____/____	____/____/____
Home Phone:		
Work Phone:		
Mobile Phone:		
Email:		
Previous Credit Defaults:	<input type="checkbox"/> Details:	<input type="checkbox"/> No <input type="checkbox"/> Yes Details:
First Home Buyer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lender preference		
Existing customer of:		
Solicitor:	Company:	Ref:
	Address:	
	Contact Details:	Tel: Fax:
Documents sent to:	<input type="checkbox"/> Branch: <input type="checkbox"/> Customer <input type="checkbox"/> Solicitor	

Employment and Income

Current Employment		
	Applicant 1	Applicant 2
Employment Type:	<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
Employment Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
Occupation:		
Employer:		
Date started:	____/____/____	____/____/____
Employer's Address:		
Contact Person:		
Contact Phone:		
Previous Employment (if current < 3 years)		
Employment Type:	<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
Employment Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
Occupation:		
Employer:		
Date started:	____/____/____	____/____/____
Employer's Address:		
Income		

Annual Gross Income:		
Annual Rental Income:		
Other Regular Income:		

Customer Identified Living Expenses/Monthly

Childcare: All childcare expenses including nannies	
Clothing and personal care: Clothing, footwear, cosmetics, and personal care	
Education: Public and private education fees and associated costs (preschool, primary, secondary and tertiary) including books, uniforms etc.	
Groceries: Supermarket, Meat, Fruit, and vegetables	
Insurances: All insurance including health, home and contents, life and income protection, pet insurance, voluntary Super	
Investment property utilities, rates and related costs including rates, taxes, levies, body corporate and Strata fees, repairs and maintenance, other household items and utilities (excluding insurance, telephone, internet and pay TV as they are categorized separately)	
Medical and health costs including doctor, dental, optical, and pharmaceutical, etc. (excluding health insurance which is categorized under insurance)	
Other: Unique items not covered in above categories (must be explained further to your broker)	
Owner occupied property, utilities, rates and related costs including rates, taxes, levies, body corporate and Strata fees, repairs and maintenance, other household items and utilities (excluding insurance, telephone, internet and pay TV as they are categorized separately)	
Recreation and Entertainment: Dining Out, Movies, Gifts, membership fees, pet care, holidays, and other items	
Connections: Phone, Mobile, Internet, Cable TV and any other similar subscriptions	
Transport: Public, Petrol, Registration, Insurance, and Servicing	
Rent or Board	

Statement of Financial Positions

Assets

Properties	Usage	Rent	Mortgage?	Value	Applicant 1	Applicant 2
				\$	%	%
				\$	%	%
				\$	%	%
Savings Type	Bank	Account No.		Balance	Applicant 1	Applicant 2
				\$	%	%
				\$	%	%
				\$	%	%
				\$	%	%
Other Assets	Description			Value	Applicant 1	Applicant 2
				\$	%	%
				\$	%	%
				\$	%	%
				\$	%	%
				\$	%	%

Liabilities

	Lenders	Limit	Mthly Pmt	Balance	Applicant 1	Applicant 2
Mortgages		\$	\$	\$	%	%
		\$	\$	\$	%	%
		\$	\$	\$	%	%
Credit Cards		\$	\$	\$	%	%
		\$	\$	\$	%	%
Other Loans		\$	\$	\$	%	%



Security Address:			
Estimate Value:	\$	Rent:	\$
<input type="checkbox"/> Established Dwelling <input type="checkbox"/> New Dwelling <input type="checkbox"/> Off the Plan <input type="checkbox"/> Construction			
Property Details:	Property Type:	Age:	
	Land Area:	Living Area:	
	Bedrooms:	Bathrooms:	
	Garages:	Wall/Roof:	
	Additions:		
Valuation Contact:	Company:		Ref:
Contact Phone:	Work:	Mobile:	

Security 2

Security Address:			
Estimate Value:	\$	Rent:	\$
<input type="checkbox"/> Established Dwelling <input type="checkbox"/> New Dwelling <input type="checkbox"/> Off the Plan <input type="checkbox"/> Construction			
Property Details:	Property Type:	Age:	Land Area:
	Living Area:	Bedrooms:	Bathrooms:
	Garages:	Wall/Roof:	Additions:
Agent Contact:	Company:		Ref:
Contact Phone:	Work:	Mobile:	

Loan Details

Loan Purpose:	<input type="checkbox"/> Purchase	<input type="checkbox"/> Refinance	<input type="checkbox"/> Increase	<input type="checkbox"/> AIP
Loan Amount:	\$	LMI:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Capitalized
Product:		Interest Only:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Years

Contribution

Deposit Paid:	\$
Savings:	\$
FHOG:	\$
Unrefundable Gift:	\$
Proceeds from Sale of Property:	\$
Equity from Property:	\$

FINANCE BROKING CONTRACT 2012

Australia Capital Loans Pty Ltd. Australian Credit License Number: 389328. This contract is made between the following parties pursuant to the Consumer Credit Administration Act NSW (2004):

Broker's Name (we/us): Australia Capital Loans... ACN / ABN: 64 602 827 163 Australian Credit License No: 389328 Broker' s
Address: Prince Center QG12 8Quay St, Haymarket. NSW 2000

AND

Borrower (s) Name (YOU):

Your Address:

The broker undertakes to submit an application for finance for the borrower as follows:

Loan Amount: \$...Lender:

Details refer to Client Enquiry Form. **Commission payable by you to the broker is \$zero.**

Referral fee: A fee of up to \$...may be paid to...for referring you to us.

AUTHORITY TO ACT

You engage the broker and authorize us to act on your behalf to arrange the loan described. You understand that we are acting as an independent contractor assisting you to locate a loan. You have been advised to obtain your own legal and financial advice regarding the suitability of any loan.

Date:/ /

Signed: **Signed:**

Borrower's Name: **Borrower's Name:**.....

Signed:
Broker's Name:

Application Document & Information checklist

FORMS

1. Loan application form
2. Loan purpose checklist
3. Declaration for purposes of loan if investing application
4. Privacy consent form
5. Cost analysis

PAYB EARNERS

1. Employer letter
2. Last two pay slips
3. Last year's group certificate or tax returns

COMMISSION EARNERS

1. A month by month breakdown of your last 12 months' commissions, signed by your employer
2. Last two year's tax returns

RE-FINANCING



1. If rental income is received, this should be verified by copies of leases or managing agents statements
2. A copy of the certificate of title of the subject property (or water rate & council rate)

SUPPORTING INFORMATION

1. Six months saving statement
2. At least six months statement and/or agreement of any other loan
3. Rental income statement or agreement if rental income is received
4. Confirmation letter for rental payment if renting or sharing accommodation

SELF EMPLOYED

1. Last two year's partnership or company's tax return, profit & loss statement and balance sheet
2. Last two years' personal tax returns

CORPORATIONS

1. Last two year's tax return, profit & loss statement and balance sheet
2. Last two year's tax returns of the directors

PURCHASING

1. A front page of the contract of sale over the subject property to be purchased
2. If investment property, rental letter from real estate agent

Verification Of Borrower 100 Point Check List

(AS REQUIRED BY THE FINANCIAL TRANSACTIONS REPORT ACT)

Name of Borrower: _____

Document	Number	Place Issued	Date of Birth
Passport			70
Birth Certificate			70
Citizenship Certificate			70
Document	Number	Place Issued	Expiry Date/Ref. No.
Drivers License			40
Public Service ID Card			40
Pension or Health Card			40
Educational Institution ID Card			40
Document	Name & Title	Company Name	Date & Address
Employer Reference <small>Certifying Name & Address</small>			35
Document	Council Name	Account Number	Issue Date
Rates Notice			35
One only from each Financial Institution:			
Document	Type of Card	Number	Expiry Date
Credit Card or ATM Card			25
Credit Card or ATM Card			25
Credit Card or ATM Card			25
Document Number	Branch	Branch	Account Number
Bank Passbook			25
Document Number	Issue Date	Number	Expiry Date
Medicare Card			25
Document	Place of Issue	Issue Date	
Marriage Certificate		25	
Document	Account Number	Issue Date	
Electricity Account		25	
Gas Account		25	
Telephone Account		25	
Total Number of Points			

Verification conducted by:

Full Name

X Signature

Date