

Enquiry for Finance

Date		Time		Broker		Referrer	
Advertising Source of Enquiry:							
Yellow Pages <input type="checkbox"/> Print <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> Other Specify:							
Client Objectives							
X Purpose and Requirements							
Amount Required		Max Repayment		Term		Repayment Frequency	
\$		\$				Wk <input type="checkbox"/> F/night <input type="checkbox"/> Mth <input type="checkbox"/>	
				Loan Purpose			
				Personal <input type="checkbox"/> Business <input type="checkbox"/>			
Goods being Purchased				Amounts to be Financed			
New <input type="checkbox"/> Demo <input type="checkbox"/> Used <input type="checkbox"/> Dealer <input type="checkbox"/> Private <input type="checkbox"/>				Cash Price \$			
X Make			Year			Less Deposit \$	
	Model		Manual/Auto		Less Trade \$		
	Body		Kms		Plus Trade Payout \$		
	Extras		Fuel Type		Comprehensive Insurance \$		
	Supplier		Colour		Consumer Credit Insurance \$		
	Other				GAP Insurance \$		
					Mechanical Breakdown Ins. \$		
Trade Details							
Make		Year		Brokerage		\$	
Model				Other		\$	
Financed by				Total Amount to be Financed		\$	
Personal Details: Client 1 & 2						Home/Mobile Phone #'s	
Surname			Given Names				
X 1							
X 2							
Email Address							
Gender		Marital Status	DOB	Licence No.	Expiry	Dependents	Ages
X 1							
X 2							
1	Residency Status	Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Working Visa <input type="checkbox"/>	Licence Card No:				
2	Residency Status	Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Working Visa <input type="checkbox"/>	Other:				
Client 1: Current & Previous Addresses - 3 year history						Residential Status	Years/Mths
X 1							/
2							/
3							/
Client 2: Current & Previous Addresses						Residential Status	Years/Mths
X 1							/
2							/
3							/
Residential Status		Owned <input type="checkbox"/> Buying <input type="checkbox"/> Rented <input type="checkbox"/> Boarding <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Employer Provided <input type="checkbox"/>					
X Mortgagee/Landlord						# on Mortgage/Lease	
X Address						Mthly Pmts \$	
					Phone #		

3 Year Employment History: Client 1 & 2

×	1	Occupation		Status	FT <input type="checkbox"/>	PPT <input type="checkbox"/>	Casual <input type="checkbox"/>	Self <input type="checkbox"/>
×	2	Occupation		Status	FT <input type="checkbox"/>	PPT <input type="checkbox"/>	Casual <input type="checkbox"/>	Self <input type="checkbox"/>
Client 1: Employer's Name & Address				Employers Contact Name & Phone #				
×	1							
		Years/Mths	/	Net Salary	\$	Frequency	Wk <input type="checkbox"/>	F/night <input type="checkbox"/>
×	2							
		Occupation		Yrs/Mths	/			
×	3							
		Occupation		Yrs/Mths	/			
Client 2: Employer's Name & Address				Employers Contact Name & Phone #				
×	1							
		Years/Mths	/	Net Salary	\$	Frequency	Wk <input type="checkbox"/>	F/night <input type="checkbox"/>
×	2							
		Occupation		Yrs/Mths	/			
×	3							
		Occupation		Yrs/Mths	/			

If Self Employed - Business Details

Trading Name		A.B.N.	
Company Name		A.C.N.	
Type of Business		Trustee/s	
Accountant Name			
Address & Phone #			

Banking Details: Client 1 & 2

	Bank	Branch	Account Type
×	1		
	2		

Comprehensive Insurance - Quote Requested Yes ☐ No ☐

Current Insurer		Rating		How long held?	
Licence suspended/cancelled/restricted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insurance declined?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Criminal Convictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	At fault accidents?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

References

Personal Reference		Nearest Relative (Not Living with Applicant)	
×	Name	×	Name
×	Address	×	Address
×	Suburb	×	Suburb
×	Phone #	×	Phone #

Credit Experience - any current or recently finalised loans (excluding mortgages)

Company / Branch	Name Account In	Date Opened	Amount Borrowed (\$)	Purpose or Type	Monthly Payments (\$)	Balance if Current (\$)	Date Paid if PIF

Assets and Liabilities

Liabilities and commitments					Assets		
Liabilities	Amount (\$000)	Owing to	Mthly Pmts (\$)	Credit Limit(\$)	Assets	Details	Value (\$)
Mortgage 1					Home		
Mortgage 2					Inv. Property		
Loan 1					Furniture etc.		
Loan 2					Vehicle		
Personal Loan					Bike		
Credit Card 1					Boat		
Credit Card 2					Cash		
Overdraft					Investments		
Other 1					Other 1		
Total Liabilities		Total Pmts			Total Assets		
Net Worth							

Capacity Assessment (Office Use Only)

(Monthly Income / Expenditure Details Supplied by the Client)

Expenditure		Income	
Total Monthly Payments (Total payments from above \$_____ less any finance payment that will be paid out as part of a trade-in / refinance \$_____)	\$	Net Income Applicant 1 (Annual Gross Income \$_____)	\$
Living Expenses (client supplied)	\$	Net Income Applicant 2 (Annual Gross Income \$_____)	\$
Rent or Equivalent	\$	Family Tax Benefit	\$
Child Support	\$	Interest / Dividends	\$
Proposed New Commitment	\$	Other Income	\$
Total Monthly Expenses	\$	Total Monthly Income	\$
		Surplus / Deficiency	\$

Explanatory Notes or Additional Information

(Include details of other income)
