

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	Loan Purpose
\$	\$		Wk <input type="checkbox"/> F/night <input type="checkbox"/> Mth <input type="checkbox"/>	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"/>	Year		Cash Price	\$	
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	\$	
Trade Details			Mechanical Breakdown Ins.	\$	
Make	Year		Brokerage	\$	
Model			Other	\$	
Financed by			Total Amount to be Financed	\$	
Personal Details: Client 1 & 2				Home/Mobile Phone #'s	
Surname		Given Names			
1					
2					
Email Address					
Gender		Marital Status	DOB	Licence No.	
1					
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
1					/
2					/
3					/
Client 2: Current & Previous Addresses				Residential Status	Years/Mths
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"/>			
Mortgagee/Landlord		# on Mortgage/Lease			
Address		Mthly Pmts \$			
		Phone #			

3 Year Employment History: Client 1 & 2

X	1	Occupation				Status	FT <input type="checkbox"/>	PPT <input type="checkbox"/>	Casual <input type="checkbox"/>	Self <input type="checkbox"/>
X	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 #					
X	1									
X	2	Years/Mths	/	Net Salary	\$	Frequency	Wk <input type="checkbox"/>	F/night <input type="checkbox"/>	Mth <input type="checkbox"/>	Yr <input type="checkbox"/>
X	3									
X	4	Occupation		Yrs/Mths	/					
Client 2: Employer's Name & Address					Employers Contact Name & Phone #					
X	1									
X	2	Years/Mths	/	Net Salary	\$	Frequency	Wk <input type="checkbox"/>	F/night <input type="checkbox"/>	Mth <input type="checkbox"/>	Yr <input type="checkbox"/>
X	3									
X	4	Occupation		Yrs/Mths	/					
Occupation										

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
X	1		
X	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?
Criminal Convictions?		Yes <input type="checkbox"/> No <input type="checkbox"/>	At fault accidents?

References

Personal Reference

Nearest Relative (Not Living with Applicant)

X	Name	Name	
X	Address	Address	
X	Suburb	Suburb	
X	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)