

FACT FIND | Customer Information Form

GENERAL INFORMATION

Broker Name

Date Credit Guide Provided

Interview Method

ID Document Verification Method

____/____/____

Broker Company

Interview Date

____/____/____

Phone Face to face Online Other(detail): _____

Face to face Certified/Prescribed Persons Branch VOI Embassy/Consulate

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

FACT FIND | Customer Information Form

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: _____
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	

FACT FIND | Customer Information Form

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 <input type="checkbox"/> Account		\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
	<input type="checkbox"/> Transaction <input type="checkbox"/> Saving <input type="checkbox"/> Pension <input type="checkbox"/> Term Deposit				
Bank Account 2	BSB <input type="checkbox"/> Account		\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
	<input type="checkbox"/> Transaction <input type="checkbox"/> Saving <input type="checkbox"/> Pension <input type="checkbox"/> Term Deposit				
Bank Account 3	BSB <input type="checkbox"/> Account		\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
	<input type="checkbox"/> Transaction <input type="checkbox"/> Saving <input type="checkbox"/> Pension <input type="checkbox"/> Term Deposit				
Bank Account 4	BSB <input type="checkbox"/> Account		\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
	<input type="checkbox"/> Transaction <input type="checkbox"/> Saving <input type="checkbox"/> Pension <input type="checkbox"/> Term Deposit				
Bank Account 5	BSB <input type="checkbox"/> Account		\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
	<input type="checkbox"/> Transaction <input type="checkbox"/> Saving <input type="checkbox"/> Pension <input type="checkbox"/> Term Deposit				
Vehicle 1	Model <input type="checkbox"/> Year		\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Vehicle 2	Model <input type="checkbox"/> 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"/>		\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Superannuation	Institution <input type="checkbox"/>		\$		<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

FACT FIND | Customer Information Form

CURRENT LIABILITIES

Liability	BSB	Acct.	Lender	Limit	Amount Owing	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
If yes to any of the above, please provide further details		

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

FACT FIND | Customer Information Form

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, 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		\$ 0	\$ 0
<p>Why are total monthly expenses equal to OR less than HEM?</p> <p>If applicable.</p>			

FACT FIND | Customer Information Form

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, an insurance quote 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
 - Persons who may provide an insurance quote to you for your home and / or contents
- 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 CreditGuide.
- 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

Print Name

Signature

Date

APPLICANT 2

Print Name

Signature

Date

FACT FIND | Customer Information Form

ADDITIONAL BROKER NOTES