



PO Box 976  
 Wynnum QLD 4178  
 Phone: 1300 882 910  
 Fax: 1300 882 920  
 Email: finance@cmkfs.com.au

<b>Client 1</b>	
<b>Client 2</b>	
<b>Company</b>	
<b>Interview Date</b>	

<b>Personal Details</b>		
	<b>CLIENT 1</b>	<b>CLIENT 2</b>
Title:		
First Name:		
Surname:		
Preferred Name:		
Date of Birth:		
Gender:		
Marital Status:		
Drivers Licence Number :		

<b>Contact Details</b>		
Address:		
Date Moved In:		
Previous Address: If less than 3 years/ date moved in		
Postal Address:		
Telephone Home:		
Telephone (Work):		
Mobile:		
Fax:		
Email:		
Preferred Method of Contact:		



<b>Dependants</b>				
Name	Date Of Birth	Relationship	Financially Dependant (Y/N)	No. of Years to Support

<b>Employment Details</b>		
	<b>CLIENT 1</b>	<b>CLIENT 2</b>
Employment Status:		
Commencement Date:		
Occupation:		
Employer:		
Employer Address:		
Payroll contact: Name & Phone No:		
Salary Packaging/ Additional Benefits:		
Previous Employment Details: (If less than 3 years, Date Started and Finished )		

<b>Income</b>		
Salary/ Wage(gross):		
Overtime, Bonuses and Commissions:		
Income From Investments:		
Rental Income:		
Benefits e.g. Centrelink/Pensions:		
Total Income:		



### Reasons For Seeking Advice

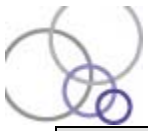
State purpose of application and any potential issues that may affect your application:

### Property to be Purchased Details

Proposed Purchase Price:	
Address:	
Contract Signed:	Yes / No
Finance date:	
Settlement date:	

### Loan Required

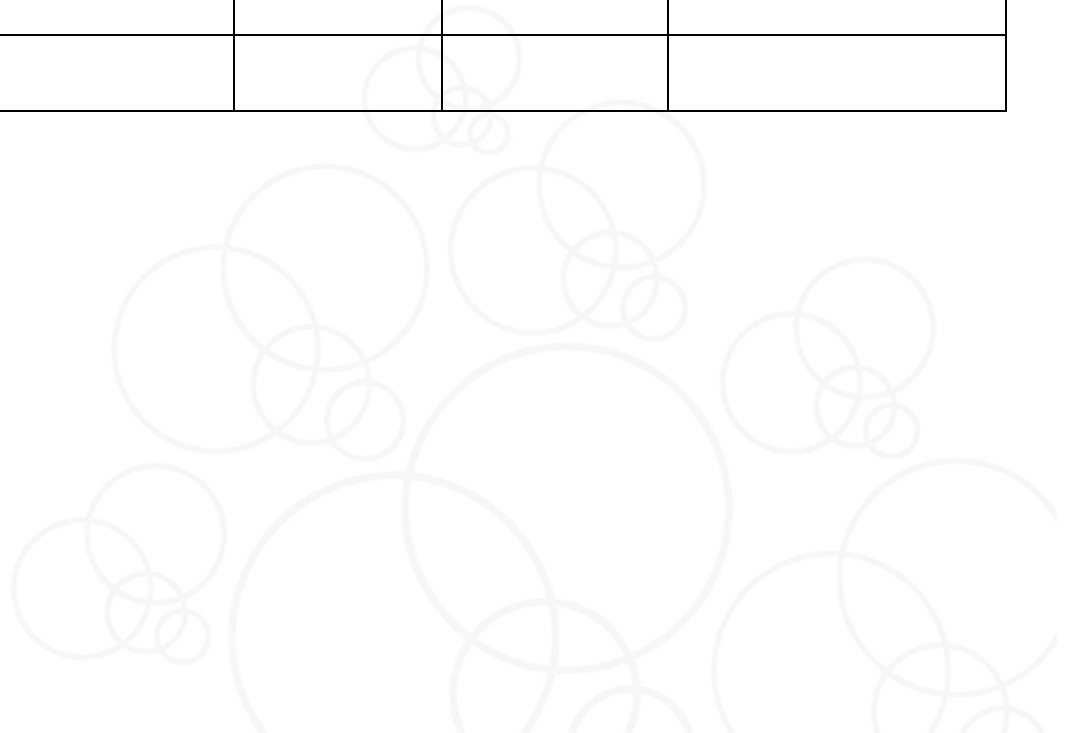
Proposed Loan Amount:	
Deposit Funds Available:	
Source of Deposit: (Please Indicate)	Savings / Gift / Sale of Property / Other:
Type of Loan Required: (Please Indicate)	Variable / Fixed / Line of Credit / Variable & Fixed / Unsure, please discuss
Current Lender:	
Preferred Lender if any:	
Do you Require an Offset Account: (Please Indicate)	Yes / No/ unsure, please discuss



<b>Expenses</b>			
<b>Budget</b>	<b>Details</b>	<b>Monthly</b>	<b>Annually</b>
Food			
Clothing			
Gas, Water, Electricity			
Phone / Mobile			
Medical			
Entertainment			
Education			
Mortgage/ Rent			
Rates/ Taxes			
General Insurance			
Car Loan/ Lease			
Car Insurance			
Life Insurance			
Trauma Insurance			
Credit Cards			
Savings			
Investments			
Income Protection			
Memberships			
Other			
<b>TOTALS</b>			



<b>Assets and Liabilities</b>					
<b>Item</b>	<b>Value</b>	<b>Current Balance</b>	<b>Repayments</b>	<b>Lender</b>	<b>Loan Type</b>
Property 1					
Property 2					
Car 1					
Car 2					
Contents					
Cash/Savings					
Super					
Other Assets					
Credit Card 1					
Credit Card 2					
Personal Loan					
Other Liabilities e.g.; HELP					
<b>Total</b>					







## Debt Objectives

What goals or objectives do you have in relation to: future investments, requiring finance, debt reduction, other?

Immediate:

Short Term:  
(1 – 3 years)

Long Term  
(5+ years)

## General Notes

