

of Contact:

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FINANCIAL SOLUTIONS		Eman. Imanece cinkis.com.ad
Client 1		
Client 2		
Company		
Interview Date		
Dama and Dataila		
Personal Details		21.000
	CLIENT 1	CLIENT 2
Title:		
First Name:		
Surname:		
Preferred Name:		
Date of Birth:		
Gender:		
Marital Status:		
Drivers Licence Number :		
Number .		
Contact Details		
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		



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

	•	
Employment Deta	ils	
	CLIENT 1	CLIENT 2
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)		
Tillisticu)		
Income		
Salary/ Wage(gross):		
Overtime, Bonuses and Commissions:		
Income From Investments:	(()	
Rental Income:	7	
Benefits e.g. Centrelink/Pensions:		1
Total Income:		AXI XD



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:								
Address:								
Contract Signed:	Yes / No							
Finance date:								
Settlement date:								
Loan Required								
Proposed Loan Amount:								
Deposit Funds								
Available: Source of								
Deposit:	Savings /Gift / Sale of Property / Other:							
(Please Indicate)	Savings / Girt / Sale of Froperty / Girler.							
Type of Loan								
Required:	Variable / Fixed / Line of Credit / Variable & Fixed / Unsure, please discuss							
(Please Indicate) Current Lender:								
Current Lender:								
Preferred								
Lender if any:								
Do you Require	Ves / Ne / unsure places disques							
an Offset Account:	Yes / No/ unsure, please discuss							
(Please Indicate)								



Expenses Budget	Details	Monthly	Annually
Food	Details	Working	Aimany
Clothing			
Gas, Water, Electricity			
Phone / Mobile			
Medical			
intertainment			
ducation			
/lortgage/ Rent			
Pates/ Taxes			
eneral Insurance			
ar Loan/ Lease			
ar Insurance			
ife Insurance			
rauma Insurance			
redit Cards		(M)	
avings			
nvestments			
ncome Protection		*	()
lemberships		4	1
ther			14
OTALS	(DX1		



Assets and	Liabilities				
Item	Value	Current Balance	Repayments	Lender	Loan Type
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					
Total					



CMK Financial Solutions have a number of referral partners in other financial services industries including: Insurance, Accounting and Financial Planning.

Should you require any of these services please complete & sign the section below:

Should you require	any c	of these servi	ices pl	ease complete	: & si	gn the section	belo	W:		
I/weselected referral pa	artner	:	give CMK Financial Solutions, permission to give my/our details to th					ails to the		
_ In	ccount suran nancia									
I / we understand	that th	nere may be	a cost	involved shou	ıld I/	'we proceed wi	ith th	ne selected refe	erral partr	ner's service.
Signature			S	ignature	_		Date			
General Insura	ance									
Asset Insured		Premium		Payment frequency		Benefit Amount		Notes		
Principle Residenc	e:									
Contents:										
Investment Properties:										
Vehicle:										
Other:										
Personal Insur	ance	es								
Current Persona	al Ins	urance Po	licies							
Туре	Own	er	Life	Life Insured		Insured Amount	Ai	Annual Premium		
							\	4		
								Va		
Current Income	Prot	ection Poli	cies							
Owner	Life	Insured				nual emium	Co	ompany Pro	vided Co	ver
			-)	
			\ \	X /						



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