



## PERSONAL DETAILS

	Self	Partner
Surname		
Given Name(s)		
Title		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		
Preferred (Short) Name		
Smoker?		
Marital Status		
Drivers Licence No.		
Are you a Non-Resident?		

## DEPENDANTS

Number and age of dependents (excluding spouse)

Number	Age	Age	Age	Age

## ADDRESS DETAILS

Address:		Address:	
Since Date:		Since Date:	
Home Phone:		Home Phone:	
Office Phone:		Office Phone:	
Mobile:		Mobile:	
Email:		Email:	
Preferred Contact	<input type="checkbox"/> Email <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Preferred Contact	<input type="checkbox"/> Email <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile

## POSTAL ADDRESS DETAILS

Address:	Address:

**PREVIOUS ADDRESS DETAILS**

Address:	Address:
Since Date:	Since Date:

**EMPLOYMENT DETAILS**

	Self	Partner
Work Status (please note that full time equates to 30 or more hours per week)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual
Occupation		
Employer		
Employer Address		
Start Date		
Notes		

**PREVIOUS EMPLOYMENT DETAILS**

	Self	Partner
Work Status (please note that full time equates to 30 or more hours per week)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual
Occupation		
Employer		
Employer Address		
Start Date		
Notes		

## INCOME

	Self	Partner
Salary Income (Gross per annum)		
Overtime		
Salary Sacrificed Amounts (detail below)		
Other Taxable Income		
Tax Free Income		
Social Security Payments		
Directors Fees / Gratuities		
Other		
<b>TOTAL</b>		

1). Detail here any issue relating to income (eg Salary Packaging)

2). Do you expect this income to vary in the future? If so, please indicate forecast income for the next 5 – 10 years

## CORPORATE DETAILS

Company/Business Name	
ABN/ACN	
Address	
Principal Activity	
Established Since	

**PERSONAL ASSETS**

**Real Estate Property Assets**

Address of the Property	Situation	Property Ownership (%)	Market Value	Property used as Security?
Property 1	<input type="checkbox"/> Owner occupied	Person 1 %	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Rented – specify monthly rent	Person 2 %		
		Person 3 %		
Property 2	<input type="checkbox"/> Owner occupied	Person 1 %	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Rented – specify monthly rent	Person 2 %		
		Person 3 %		
Property 3	<input type="checkbox"/> Owner occupied	Person 1 %	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Rented – specify monthly rent	Person 2 %		
		Person 3 %		

**Cheque, savings, term deposit and other accounts**

Name of Institution	Account type	Owner	Current Balance
		<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$
		<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$
		<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$
		<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$

**Investments, including superannuation, life insurance, shares, managed funds, unit trusts etc**

Name of Institution	Investment type	Owner	Current Cash Balance
		<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$
		<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$
		<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$

**Motor Vehicles**

Make and Model	Year Built	Owner	Market Value
		<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$
		<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$

**Other Assets, including household items and personal effects, cash, boats, tools of trade etc**

Brief Description of other assets	Owner	Market Value
	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$
	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$
	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$

**PERSONAL LIABILITIES**

Housing loans, overdrafts and other loans (including those from business or company) that are secured by mortgages

Security property	Name of lender and account number	Interest rate per annum	Minimum monthly repayment	Borrower	Amount owing or limit	Clearing from this loan?
Property 1		%	\$	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Property 2		%	\$	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Property 3		%	\$	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

**My credit cards, store cards, unsecured overdrafts**

Name of Lender	Credit Type	Credit Limit	Minimum monthly repayment	Borrower	Amount owing	Clearing from this loan?
		\$	\$	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	\$	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	\$	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

**Other loans including personal loans, vehicle leases, hire purchase etc**

Name of Lender	Credit Type	Minimum monthly repayment	Borrower	Amount owing or limit	Clearing from this loan?
		\$	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

**Other liabilities, including provisional taxation, HECS, guarantees or loans / leases etc**

Brief description of other liabilities	Minimum monthly repayment	Debtor / Guarantor	Amount owing	Clearing from this loan?
	\$	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$	<input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

**LOAN DETAILS**

Amount Required # 1	
Term Sought	
Loan Type	
Amount Required # 2	
Term Sought	
Loan Type	

**SECURITY DETAILS**

Address # 1:	
Purchase Price/Estimated Value:	
Rental Estimate:	
Title Details:	
Address # 2:	
Purchase Price/Estimated Value:	
Rental Estimate:	
Title Details:	

**OTHER**

Have you ever defaulted on any loans or been declared Bankrupt?	
Are you a First Home Buyer?	

**SOLICITOR/CONVEYANCER DETAILS**

Firm Name:	
Contact Name:	
Address:	
Office Phone:	Fax:

**ACCOUNTANT DETAILS**

Firm Name:	
Contact Name:	
Address:	
Office Phone:	Fax:

**Telephone: (02) 68853950** Facsimile: (02) 68853850  
PO Box 726, Dubbo NSW 2830  
Web: [choicerates.com.au](http://choicerates.com.au) Email: [admin@choicerates.com.au](mailto:admin@choicerates.com.au)