

CLIENT PERSONAL & FINANCIAL INFORMATION FORM

Client 1 Full Name: _____	Client 2 Full Name: _____
Address: _____	
Residential Status: _____	Date moved: _____
Mobile Number: _____	Mobile Number: _____
Email Address: _____	Email Address: _____
Marital Status: _____	Age/s of dependants: _____
Communicate via email: <input type="checkbox"/>	Communicate via email: <input type="checkbox"/>
Employment Details:	
Employer: _____	Employer: _____
Position: _____ Start date: _____	Position: _____ Start date: _____
Gross Income (Annual): \$ _____	Gross Income (Annual):\$ _____
<i>If less than 3 years, please provide previous employment details (start date/end date/employer/position):</i>	
Employer: _____	Employer: _____
Start date: _____ End date: _____	Start date: _____ End date: _____
Previous Position: _____	Previous Position: _____

ASSETS

Property Address	Market Value	Loan Details	Weekly Rent
<i>Owner Occupied</i>			
	\$ _____	Limit: \$ _____ Balance: \$ _____ Redraw: \$ _____ Term End: _____	Lender: _____ Rate: _____ Repay: \$ _____ Frequency: _____
			\$ _____
<i>Investment 1</i>			
	\$ _____	Limit: \$ _____ Balance: \$ _____ Redraw: \$ _____ Term End: _____	Lender: _____ Rate: _____ Repay: \$ _____ Frequency: _____
			\$ _____
<i>Investment 2</i>			
	\$ _____	Limit: \$ _____ Balance: \$ _____ Redraw: \$ _____ Term End: _____	Lender: _____ Rate: _____ Repay: \$ _____ Frequency: _____
			\$ _____
<i>Investment 3</i>			
	\$ _____	Limit: \$ _____ Balance: \$ _____ Redraw: \$ _____ Term End: _____	Lender: _____ Rate: _____ Repay: \$ _____ Frequency: _____
			\$ _____

SAVINGS, CHEQUE, TERM DEPOSITS, LIFE INSURANCE, SUPERANNUATION AND OTHER ACCOUNTS

Institution	Account type <i>e.g. savings, super, etc</i>	Estimated Balance	Ownership

Motor Vehicle (Make & Model)	Year Built	Estimated Value

OTHER ASSETS: Home Contents/ Personal Effects/ Electronics/ Jewellery/ Any Other

Description	Estimated Value

OTHER LIABILITIES: Credit Cards/Store Cards/Personal Loans/Car Loans/Leases/Taxation/HECS

Lender	Loan Type <i>(credit card/ personal loan/ car loan/ 0% cards afterpay, zippay, etc.)</i>	Limit	Balance	Repayment	Frequency	If Card: MasterCard, Visa, EFTpos...

LIVING EXPENSES	Monthly \$	LIVING EXPENSES	Monthly \$
Rent/Board		Medical & Health (doctor, pharmacy, dentist, optical, physio, chiro, therapies)	
Primary Residence (includes home maintenance and repairs electricity, gas, water, council rates)		Private Health Insurance	
Strata / Body Corporate Fees (primary residence)		Life Insurance	
Home Insurance		Other Insurances (travel, income protection and any other)	
Investment Property (maintenance, repairs, land tax, body corporate, insurance, council rates, utilities)		Childcare (childcare, babysitting)	
Food & Groceries (grocery shopping, alcohol, restaurants, cafes, take away, delivery)		Child Support/Maintenance Payments (financial support paid by one parent to the other for child under 18)	
Phone, Internet & Media (landline, internet, mobile phone, subscription (e.g. netflix, spotify, apple))		Public Education (uniform, books, excursions)	
Clothing & Personal Care (clothes, shoes, hair & beauty)		Private/Non-Government School Fees (tuition, school, sports)	
Transport (registration, petrol, maintenance, roadside assist, parking & tolls, public transportation)		Recreation & Entertainment (lifestyle, culture, magazines, books, memberships, holidays, donations, airfares)	
Motor Vehicle Insurance		OTHER EXPENSES	

DATE: _____

SIGNATURES: _____