

Diversity Financial Group

Client Information Form – Fact Find

Appointment Details

Broker's name

Appointment date

Date Credit Guide provided

Broker's company name

Referrer's name (if applicable)

ID Method

Loan amount required

Expected settlement date

Interview type

If other specify below

Privacy Disclosure Statement and 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 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 located 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
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 credit guide.
- 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.

Direction authorised by:

Applicant 1 name

Client signature

Date signed

Applicant 2 name

Client signature

Date signed

Client Information Form – Fact Find

Personal Details – Applicant 1 (APPL 1) (Primary applicant)

Title Mr Mrs Ms Miss Dr **Gender** Male Female

Marital status Married Single Divorced Defacto **Are you permanent resident of Aust?** Yes No

If no specify country below.

Visa type (where applicable)

Given names

Last name

Date of birth

Town of birth

Preferred names

Mother's maiden name

Email address

Mobile No.

Home telephone

Work telephone

No. of dependents

Ages of dependents

Driver's licence No.

State

Expiry date

Current address details

Unit No.

Street No.

Street name

Street type

Suburb/City

State

Postcode

Address status

At address since

If renting name of agent or landlord

Agent/Landlord Telephone

Previous address details

Unit No.

Street No.

Street name

Street type

Suburb/City

State

Postcode

At address from

To

Nearest relative not living with you.

Name of nearest relative

Relationship to you

Telephone No. of relative

Current address of relative

Unit No.

Street No.

Street name

Street type

Suburb/City

State

Postcode

Client Information Form – Fact Find

Personal Details – Applicant 2 (AAPL 2) (Co-applicant) Guarentor

Title Mr Mrs Ms Miss Dr **Gender** Male Female

Marital status Married Single Divorced Defacto **Are you permanent resident of Aust?** Yes No

If no specify country below.

Visa type (where applicable)

Given names

Last name

Date of birth

Town of birth

Preferred names

Mother's maiden name

Email address

Mobile No.

Home telephone

Work telephone

No. of dependents

Ages of dependents

Driver's licence No.

State

Expiry date

Current address details

Unit No.

Street No.

Street name

Street type

Suburb/City

State

Postcode

Address status

At address since

If renting name of agent or landlord

Agent/Landlord Telephone

Previous address details

Unit No.

Street No.

Street name

Street type

Suburb/City

State

Postcode

At address from

To

Nearest relative not living with you.

Name of nearest relative

Relationship to you

Telephone No. of relative

Current address of relative

Unit No.

Street No.

Street name

Street type

Suburb/City

State

Postcode

Client Information Form – Fact Find

Employment Details – APPL 1 (if self employed only go to section 2)

Section. Current PAYG employment details & if applicable secondary employment

Employment Type	Employment Status	Employer name	Sector
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Position/role	Employer address
<input type="text"/>	<input type="text"/>

Start date	Employer contact name	Telephone	Annual income (Gross)
<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment type (2nd Job)	Employment Status	Employer name	Sector
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Position/role	Employer address
<input type="text"/>	<input type="text"/>

Start date	Gross annual income	Employer contact name	Telephone
<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous employment

Employment Type	Employment Status	Employer name	Sector
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Position/role	Employer address
<input type="text"/>	<input type="text"/>

Start date	Finish date	Employer contact name	Telephone
<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>

Income details

Base salary	Frequency paid	Regular overtime	Regular commission/bonus
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Motor vehicle allowance	Other regular allowance	Existing rental income	Proposed new rental income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Income eg share dividend	Govt. payments	If other specify below	Govt. Payment amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2. Self employed details – APPL 1 (if applicable)

Business name	Primary business activity
<input type="text"/>	<input type="text"/>

Entity type	ABN/ACN	Business telephone	Website (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trust name (if applicable)	Beneficiary name 1	Beneficiary name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Accountant details

Company name	Name of best contact	Telephone 1	Telephone 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business income

Net profit (before add backs – if applicable)	Current year	Previous year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Add backs (total claimed – for the year)	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------

Client Information Form – Fact Find

Employment Details – APPL 2 (if self employed only go to section 2)

Section 1. Current PAYG employment details & if applicable secondary employment

Employment Type	Employment Status	Employer name	Sector
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Position/role	Employer address
<input type="text"/>	<input type="text"/>

Start date	Employer contact name	Telephone	Annual income (Gross)
<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment type (2nd Job)	Employment Status	Employer name	Sector
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Position/role	Employer address
<input type="text"/>	<input type="text"/>

Start date	Gross annual income	Employer contact name	Telephone
<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous employment

Employment Type	Employment Status	Employer name	Sector
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Position/role	Employer address
<input type="text"/>	<input type="text"/>

Start date	Finish date	Employer contact name	Telephone
<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>

Income details

Base salary	Frequency paid	Regular overtime	Regular commission/bonus
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Motor vehicle allowance	Other regular allowance	Existing rental income	Proposed new rental income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Income eg share dividend	Govt. payments	If other specify below	Govt. Payment amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2. Self employed details – APPL 2 (if applicable)

Business name	Primary business activity
<input type="text"/>	<input type="text"/>

Entity type	ABN/ACN	Business telephone	Website (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trust name (if applicable)	Beneficiary name 1	Beneficiary name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Accountant details

Company name	Name of best contact	Telephone 1	Telephone 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business income

Net profit (before add backs – if applicable)	Current year	Previous year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Add backs (total claimed – for the year)	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------

Client Information Form – Fact Find

Monthly Expenses

Expense type	Expense detail	Current	Post Settlement
Board	Ongoing board commitments post-settlement		
Childcare	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. Excluding alcohol & tobacco		
Health Care	Medical and health costs, excluding Insurance		
Higher Education & Vocational Training	Tertiary education fees and textbooks Excluding 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 repairs and maintenance, other household items and utilities excluding rates, taxes, levies, strata fees, land tax, insurance, telephone, internet and pay TV		
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		
Are Monthly Expenses Equal To Or Less Than HEM?			
A Reason MUST Be Provided			

Client Information Form – Fact Find

Current Assets

PROPERTY		Property Type	Secures Mtge No.	Monthly Income If Applicable	Est. Value	Owner
Property Address						
1						
2						
3						
BANK ACCOUNTS		Account Type	BSB	Account No.	Est. Value	Owner
Name of Bank						
MOTOR VEHICLES		Model	Year	Est. Value	Owner	
Make						
SHARES & OTHER INVESTMENTS				Monthly Income	Est. Value	Owner
Investment Type/Name						
SUPERANNUATION					Est. Value	Owner
Fund Name						
HOME CONTENTS					Est. Value	Owner
Description						
OTHER ASSET				Monthly Income	Est. Value	Owner
Description						

Client Information Form – Fact Find

Changes to current circumstances

APPL 1

APPL 2

Do you expect any significant changes to your financial situation in the foreseeable future that would impact your ability to maintain your personal and financial lifestyle?	Yes	No	Yes	No
---	-----	----	-----	----

If yes, please explain the nature of the changes below.

APPL 1
APPL 2

How will you continue to meet your commitments?

APPL 1
APPL 2

Credit history

APPL 1

APPL 2

Have you ever had any defaults, financial judgments or legal proceedings against you?	Yes	No	Yes	No
Are you having difficulty meeting your financial commitments?	Yes	No	Yes	No
Are any existing debts currently in arrears?	Yes	No	Yes	No

If yes to any of the above, please provide further details

APPL 1
APPL 2

Protecting lifestyle and assets

APPL 1

APPL 2

Have you reviewed your personal risk insurance requirements in the last 12 months?	Yes	No	Yes	No
Do you have sufficient life insurance to cover, as a minimum, your existing and proposed debts?	Yes	No	Yes	No
If your income reduces, due to illness or injury, do you have the insurance to cover your loan?	Yes	No	Yes	No

Are you sure your existing insurance is adequate for:

Home building and contents?	Yes	No	Yes	No
Motor vehicle?	Yes	No	Yes	No
Landlord protection?	Yes	No	Yes	No
Boat or caravan?	Yes	No	Yes	No
Commercial insurance?	Yes	No	Yes	No
I wish to pursue a free and non-obligation consultation to discuss my insurance needs <small>(Allianz)</small>	Yes	No	Yes	No
I wish to pursue a free and non-obligation consultation to discuss my home connection needs, such as internet, electricity, gas, etc. <small>(Smart Select)</small>	Yes	No	Yes	No

Loan objectives

Tick the appropriate box and provide narrative in the box provided – Must be Completed			
Purchase owner occupied		Purchase land	
Construct/renovate <small>(owner occupied)</small>		Refinance	
Equipment/vehicle finance		Reduce monthly repayments	
Purchase an investment property		Business	
Construct/renovate <small>(investment)</small>		Other	Please specify

Loan objectives narrative – Must be completed

For example: Are you looking to sell the property you are purchasing in the short term? Are you looking to build an investment property portfolio? Do you have a preferred repayment amount? Are you a first Home Buyer?

What is your expected retirement age?

APPL 1	And what is your planned exit strategy? Please specify below.
APPL 2	And what is your planned exit strategy? Please specify below.

Client Information Form – Fact Find

If refinancing, what are the reasons?

Lower Repayments		Service	
Equity Release		Lower Total Costs/Debts	
Convenience/flexibility		Other	Please provide details

If refinance risks have been identified have these risks been discussed with the applicant/s?

Extending a loan term may increase the overall cost of the facility	Yes	No
Refinancing to an I/O loan may increase the time it takes to pay off the loan or result in a large lump	Yes	No
Leaving cleared facilities open after refinancing (e.g. credit cards)	Yes	No
There are costs associated with refinancing which may affect the financial benefits	Yes	No
Have all costs have been considered?	Yes	No

Loan requirements

Variable Rate		Fixed Rate	No. yrs?		Principal & Interest		Interest only	No. yrs?	
Bridging Finance		Reverse Mortgage			Line of Credit		Low Doc		
Fixed Rate Lock		Offset Account			Redraw		Additional Payments		
Repayment Holiday		No monthly fees			Linked Credit Card		Non-conforming		
Preferred repayment frequency									
Preferred repayment method					If other please specify				

Loan requirements - explanation

For example: If you would like interest only is there a specific reason why?

The Loan Requirements should make sense in the context of the customers Loan Objective narrative that have been advised above. How do the proposed loan requirements 'close the loop' to meet the loan objectives?

Have you discussed the risks associated with the required loan features? Yes No

Funds to complete

Where are you obtaining the funds that you are contributing to the transaction?

Proceeds of Property Sale		Savings	
Grant		Gift	
Other 1 (please provide details)		Other 2 (please provide details)	

Your Solicitor or Conveyancer name and contact details

Name of Company	Business /Contact Name		
<input type="text"/>	<input type="text"/>		
Contact email	Telephone 1	Telephone 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Website	Fax number	Other	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Your Solicitor or Conveyancer business address details

Unit No.	Street No.	Street name	Street type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/City	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	