

Client Needs Analysis

YOUR DETAILS:

CLIENT 1:				CLIENT 2:			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other				Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other			
Surname:				Surname:			
Mother's Maiden Name:				Mother's Maiden Name:			
Given Names:				Given Names:			
Date of Birth:	/	/	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	/	/	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status:		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Marital Status:		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Number of Dependents:		Ages:		Number of Dependents:		Ages:	
Driver's Licence Number		Driver's Licence Expiry		Driver's Licence Number		Driver's Licence Expiry	
Current Address:				Current Address:			
State		P/Code		State		P/Code	
Time at Current Address:		Years	Months	Time at Current Address:		Years	Months
Current Residential Status:				Current Residential Status:			
<input type="checkbox"/> Own Home <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Live with Family <input type="checkbox"/> Other				<input type="checkbox"/> Own Home <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Living with Family <input type="checkbox"/> Other			
If under 2 years, please provide previous address details:				If under 2 years, please provide previous address details:			
State				State			
P/Code				P/Code			
Postal address (if different from residential address):				Postal address (if different from residential address):			
State:		P/Code:		State:		P/Code:	
Email Address:				Email Address:			
Home Phone Number:		()		Home Phone Number:		()	
Work Phone Number:		()		Work Phone Number:		()	
Mobile Number:				Mobile Number:			
Fax Number:		()		Fax Number:		()	

YOUR EMPLOYMENT DETAILS:

	CLIENT 1:			CLIENT 2:		
Employment Status:	<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Family Business	<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Family Business
	<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
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Home Duties	<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Home Duties
	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Not Employed
Occupation:						
Employer/Company name and address:						
Employer contact name and phone number (HR/Payroll contact):	Name: Ph:			Name: Ph:		
Time at current employment:	Years		Months	Years		Months
Average hours per week (if casual or part time):						
If employed or in business for less than 2 years, please provide previous employment details:						
Previous occupation and industry (if different from current):						
Previous employment Status:						
	<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Family Business	<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Family Business
	<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
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Home Duties	<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Home Duties
	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Not Employed
	<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Other		<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Other	
Previous employers name and address:						
Time at previous employment:	Years		Months	Years		Months

YOUR INCOME AND EXPENDITURE

YOUR INCOME IF PAYG APPLICANTS:					
CLIENT 1			CLIENT 2		
ANNUAL INCOME:			ANNUAL INCOME:		
Base incomes/salary	Gross: \$	Net: \$	Base incomes/salary	Gross: \$	Net: \$
Bonuses:	\$	\$	Bonuses:	\$	\$
Rental income	\$		Rental income	\$	
Investment income	\$		Investment income	\$	
Government allowances	\$		Government allowances	\$	
Other	\$		Other	\$	
SUBTOTAL (1)	\$		SUBTOTAL (2)	\$	
TOTAL NET ANNUAL INCOME (1 + 2)			\$		

YOUR FINANCIAL POSITION:

The following information provides a snapshot of your net worth position.

ASSET TYPE	VALUE	LIABILITY TYPE	LIMIT	MONTHLY REPAYMENT:	AMOUNT OWING:
Principle Home Address:	\$	Principle Home Int. Rate % Lender:	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Investment Property Address:	\$	Investment Property Int. Rate % Lender:	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Investment Property Address:	\$	Investment Property Int. Rate % Lender:	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Holiday Home Address:	\$	Holiday Home Int. Rate % Lender:	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Motor Vehicle Type:	\$	Motor Vehicle Finance Int. Rate % Lender:	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Motor Vehicle Type:		Motor Vehicle Finance Int. Rate % Lender:			
Client 1 Client 2 Both		Client 1 Client 2 Both			
Investments (e.g. shares, managed funds, term deposits)	\$	Line of Credit Int. Rate % Lender:	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Cash (including savings)	\$	Credit Cards and Retail Store Cards (Total combined limits etc.) Client 1 Client 2 Both	\$	\$	\$
Client 1 Client 2 Both					
Superannuation	\$	Margin lending or other invest. loans Int. Rate % Lender:	\$	\$	\$
Client 1 Client 2 Both					
Contents (insured value)	\$	Interest free debt	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Other Assets (e.g. boats, caravans, collections)	\$	Overdrafts and other bank facilities	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Other – provide details	\$	Loans as guarantor	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
	\$	Hire Purchase (Total of all HP agreements) Client 1 Client 2 Both	\$	\$	\$
Client 1 Client 2 Both					
	\$	Personal Debt	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
	\$	Lease (Total of all lease agreements)	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
	\$	HECS liability/Taxation Debt	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
	\$	Other liabilities – provide details	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
	\$		\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
TOTAL ASSETS (A)	\$	TOTAL LIABILITIES (B)	\$	\$	\$