

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:			
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 Dependants:		Ages:		Number of Dependants		Ages:	
Current Address:				Current Address:			
State		P/Code		State		P/Code	
Time at Current Address:		From	To	Time at Current Address:		From	To
Current Residential Status:				Current Residential Status:			
Own Home		Mortgaged		Own Home		Mortgaged	
Live with Family		Boarding		Live with Family		Boarding	
		Other				Other	
If under 3 years, please provide previous address details:				If under 3 years, please provide previous address details:			
Time at previous address:				Time at previous address:			
Years		State		Years		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:		()	
Details of nearest relative not living with you:	Full Name: Number: Address: Relationship to applicant:			Details of nearest relative not living with you:	Full Name: Number: Address: Relationship to applicant:		
Drivers Licence No:				Drivers License No:			
Expiry Date:		State:		Expiry Date:		State:	

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
	<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Other		<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Other	
Occupation:						
Employment sector or nature of business:						
Employer/Company name and address:						
Employer contact name and phone number (HR/Payroll contact):	Name: Ph:			Name: Ph:		
Employer email:						
Time at current employment:	From		To	From		To
Average hours per week (if casual or part time):						
If employed or in business for less than 3 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 and phone number:						
Time at previous employment:	From		To	From		To

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	% \$	\$	\$
Client 1 Client 2 Both		Lender:			
Investment Property Address:	\$	Investment Property Int Rate	% \$	\$	\$
Client 1 Client 2 Both		Lender:			
Investment Property Address:	\$	Investment Property Int. Rate	% \$	\$	\$
Client 1 Client 2 Both		Lender:			
Holiday Home Address:	\$	Holiday Home Int. Rate	% \$	\$	\$
Client 1 Client 2 Both		Lender:			
Motor Vehicle	\$	Motor Vehicle Finance Int. Rate	% \$	\$	\$
Type:		Lender:			
Year:		Client 1 Client 2 Both			
Client 1 Client 2 Both		Client 1 Client 2 Both			
Motor Vehicle	\$	Motor Vehicle Finance Int. Rate	% \$	\$	\$
Type:		Lender:			
Year:		Client 1 Client 2 Both			
Client 1 Client 2 Both		Client 1 Client 2 Both			
Investments (e.g. shares, managed funds, term deposits)	\$	Line of Credit Int. Rate	% \$	\$	\$
Client 1 Client 2 Both		Lender:			
Client 1 Client 2 Both		Client 1 Client 2 Both			
Cash (including savings)	\$	Credit Cards and Retail Store Cards	\$	\$	\$
BSB: A/C No:		(Total combined limits etc.)			
Client 1 Client 2 Both		Client 1 Client 2 Both			
Superannuation Client 1	\$	Margin lend./invest. loans Int. Rate	% \$	\$	\$
Fund:		Lender:			
Client 1 Client 2 Both		Client 1 Client 2 Both			
Superannuation Client 2	\$	Interest free debt	\$	\$	\$
Fund:		Client 1 Client 2 Both			
Contents (insured value) Insured	\$	Overdrafts and other bank facilities	\$	\$	\$
With?		Client 1 Client 2 Both			
Client 1 Client 2 Both		Client 1 Client 2 Both			
Other Assets (e.g. boats, caravans, collections)	\$	Loans as guarantor	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
Client 1 Client 2 Both		Client 1 Client 2 Both			
Other: provide details	\$	Hire Purchase (Total of all HP agreements)	\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
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			
	\$		\$	\$	\$
Client 1 Client 2 Both		Client 1 Client 2 Both			
TOTAL ASSETS (A)	\$	TOTAL LIABILITIES (B)	\$		