

Client Enquiry Form

INSTRUCTIONS

This document provides us with information about yourself and your personal circumstances, used to provide you with quality credit advice and to support any loan application.

Please complete this form as fully and accurately as possible.

We will use this information to make recommendations in accordance with the Responsible Lending provisions of the National Consumer Credit Protection Act. We will use this information to assess your requirements and objectives, income and expenses.

Please ensure no material details have been left out which may impact your ability to meet the payment requirements in a future credit contract including any foreseeable changes to your circumstances.

I/We declare that the information provided within this document is true and complete to the best of our knowledge.

Name (please print)

Signature

Date

Name (please print)

Signature

Date

CONTACT DETAILS

| | | | | |
|------------------------|---|------------------|--------------|-----------------|
| PRINCIPAL | Sheyne Walsh | | | |
| ADDRESS | Level 7, 1 Margaret St, Sydney, NSW, 2000 | | | |
| PHONE | (02) 9299 0599 | | | |
| EMAIL | loans@kingsbridgeprivate.com | | | |
| CREDIT REPRESENTATIVES | Beverley Walsh | Allisson Edwards | Fiona Baxter | Belinda Stewart |

YOUR DETAILS

Client 1

Title Mr Mrs Ms Miss Other

Surname

Given names

Previous name

Date of birth

Sex: Male Female

Marital Status

Single Married De Facto
Widowed Separated Divorced

Number of dependants

Ages

Current Address

 State Postcode

Time at current address

 years months

Current residential status

Own home Mortgaged Renting

Boarding

Live with Family

Other

If under 2 years, please provide previous address details

Previous address

 State Postcode

Time at previous address

 years months

Postal address (if different from residential address)

 State Postcode

Email address

Home phone

Work phone

Mobile

Fax

Preferred daytime contact number

Home Work Mobile

Client 2

Title Mr Mrs Ms Miss Other

Surname

Given names

Previous name

Date of birth

Sex: Male Female

Marital Status

Single Married De Facto
Widowed Separated Divorced

Number of dependants

Ages

Current Address

 State Postcode

Time at current address

 years months

Current residential status

Own home Mortgaged Renting

Boarding

Live with Family

Other

If under 2 years, please provide previous address details

Previous address

 State Postcode

Time at previous address

 years months

Postal address (if different from residential address)

 State Postcode

Email address

Home phone

Work phone number

Mobile

Fax

Preferred daytime contact number

Home Work Mobile

YOUR EMPLOYMENT DETAILS

Client 1

Employment status

PAYG Employee Self Employed Family Business Full Time
 Part Time Casual Contractor Temporary
 Home Duties Retired Student
 Not Employed Govt. Benefit Recipient
 Other

Occupation

Employment sector or nature of business

Employer/Company name and address

Employer contact name and phone number (HR/Payroll contact)

Name

Phone

Employer email

Time at current employment 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

PPAYG Employee Self Employed Family Business Full Time
 Part Time Casual Contractor Temporary
 Home Duties Retired Student
 Not Employed Govt. Benefit Recipient
 Other

Previous employers name and address

Time at previous employment years months

Client 2

Employment status

PAYG Employee Self Employed Family Business Full Time
 Part Time Casual Contractor Temporary
 Home Duties Retired Student
 Not Employed Govt. Benefit Recipient
 Other

Occupation

Employment sector or nature of business

Employer/Company name and address

Employer contact name and phone number (HR/Payroll contact)

Name

Phone

Employer email

Time at current employment years months

Average hours per week (if casual or part time)

Previous occupation and industry (if different from current)

Previous employment status

PAYG Employee Self Employed Family Business Full Time
 Part Time Casual Contractor Temporary
 Home Duties Retired Student
 Not Employed Govt. Benefit Recipient
 Other

Previous employers name and address

Time at previous employment years months

YOUR FINANCIAL POSITION

The following information provides a snapshot of your net worth position

| Asset Type | Value | Liability Type | Limit | Monthly Repayment | Amount Owning |
|---|---|---|---|---|---|
| Principle Home | | Principle Home | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> |
| Address | | Interest rate | Lender | | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 50px;" type="text"/> % | <input style="width: 100%;" type="text"/> | | |
| Investment Property | | Investment Property | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> |
| Address | | Interest rate | Lender | | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 50px;" type="text"/> % | <input style="width: 100%;" type="text"/> | | |
| Investment Property | | Investment Property | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> |
| Address | | Interest rate | Lender | | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 50px;" type="text"/> % | <input style="width: 100%;" type="text"/> | | |
| Holiday Home | | Holiday Home | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> |
| Address | | Interest rate | Lender | | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 50px;" type="text"/> % | <input style="width: 100%;" type="text"/> | | |
| Motor Vehicle | | Motor Vehicle Finance | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> |
| Type | | Interest rate | Lender | | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 50px;" type="text"/> % | <input style="width: 100%;" type="text"/> | | |
| Motor Vehicle | | Motor Vehicle Finance | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> |
| Type | | Interest rate | Lender | | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 50px;" type="text"/> % | <input style="width: 100%;" type="text"/> | | |
| Investments (e.g. shares, managed funds, term deposits) | | Line of credit | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> |
| | | Interest rate | Lender | | |
| | | <input style="width: 50px;" type="text"/> % | <input style="width: 100%;" type="text"/> | | |
| Cash (including savings) | | Credit cards and retail store cards (Total combined limits etc.) | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> |
| | | | | | |
| Superannuation | | Margin lending or other invest. loans | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> |
| | | Interest rate | Lender | | |
| | | <input style="width: 50px;" type="text"/> % | <input style="width: 100%;" type="text"/> | | |
| Contents (insured value) | | Interest free debt | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> |
| | | | | | |
| Other Assets (e.g. boats, caravans, collections) | | Overdrafts and other bank facilities | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> | \$ <input style="width: 100px;" type="text"/> |
| | | | | | |

| Asset Type | Value | Liability Type | Limit | Monthly Repayment | Amount Owning |
|---|-------|---|--------------------------|-------------------|---------------|
| Other – provide details | | Loans as guarantor | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ | \$ | \$ |
| Details | | | | | |
| <input type="text"/> | | | | | |
| Other – provide details | | Hire Purchase | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ | (Total of all HP agreements) | \$ | \$ | \$ |
| Details | | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | | | |
| <input type="text"/> | | | | | |
| Other – provide details | | Personal Debt | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ | \$ | \$ |
| Details | | | | | |
| <input type="text"/> | | | | | |
| Other – provide details | | Lease (total of all lease agreements) | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ | \$ | \$ |
| Details | | Interest rate | Lender | | |
| <input type="text"/> | | % | <input type="text"/> | | |
| Other – provide details | | HECS liability / Taxation debt | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ | Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ | \$ | \$ |
| Details | | Interest rate | Lender | | |
| <input type="text"/> | | % | <input type="text"/> | | |
| Other liabilities – provide details | | | | | |
| Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> | \$ | | \$ | \$ | \$ |
| Details | | | | | |
| <input type="text"/> | | | | | |
| Total assets | | \$ | Total liabilities | | \$ |
| | | | \$ | \$ | \$ |

YOUR INCOME AND EXPENDITURE

Your income if PAYG applicants

| Client 1 | | | Client 2 | | |
|--|-------|-----|---------------------------------------|-------|-----|
| Annual income | Gross | Net | Annual income | Gross | Net |
| Base incomes/salary | \$ | \$ | Base incomes/salary | \$ | \$ |
| Bonuses Period of receipt | \$ | \$ | Bonuses Period of receipt | \$ | \$ |
| Regular overtime Period of receipt | \$ | \$ | Regular overtime Period of receipt | \$ | \$ |
| Existing rental income | | \$ | Existing rental income | | \$ |
| Expected rental income | | \$ | Expected rental income | | \$ |
| Investment income | | \$ | Investment income | | \$ |
| Government allowances | | \$ | Government allowances | | \$ |
| Other | | \$ | Other | | \$ |
| Subtotal (1) | | \$ | Subtotal (2) | | \$ |
| Total current net annual income (1+2) | | | | | \$ |

YOUR FINANCIAL SECURITY

Have you had any difficulties in meeting your financial commitments in the past 2 years?

Client 1

Yes No

If **yes**, provide details below.

Client 2

Yes No

If **yes**, provide details below.

Have you received advice from an accountant, solicitor or financial planner regarding your financial objectives?

Client 1

Yes No

If **yes**, provide details below.

Client 2

Yes No

If **yes**, provide details below.

JUDGEMENTS, ATTACHMENTS, OR LEGAL PROCEEDINGS

Have there ever been or are there now any judgements, attachments, or legal proceedings against you?

Client 1

Yes No

If **yes**, provide details below.

Client 2

Yes No

If **yes**, provide details below.

PROTECTING YOUR LIFESTYLE / ASSETS

Do you have insurance to protect your lifestyle e.g. life, total permanent disablement, income protection etc?

Client 1

Yes No

If **No**, Please provide details below on

How would your lifestyle needs be maintained if you and/or your partner were

- (a) Temporarily unable to earn an income through sickness / illness?
(b) Permanently unable to earn income e.g. through death permanent disability?

Client 2

Yes No

If **No**, Please provide details below on

How would your lifestyle needs be maintained if you and/or your partner were

- (a) Temporarily unable to earn an income through sickness / illness?
(b) Permanently unable to earn income e.g. through death/permanent disability?

Would you like someone to contact you regarding life insurance?

Yes No

Do you have Home and Contents insurance?

Yes No

If no, would you like someone to contact you regarding Home and Contents insurance?

Yes No

Would you like someone to contact you regarding life insurance?

Yes No

Do you have Home and Contents insurance?

Yes No

If no, would you like someone to contact you regarding Home and Contents insurance?

Yes No

CHANGES TO YOUR CURRENT CIRCUMSTANCES

Do you anticipate any material changes to your financial situation? For example, change in employment, income or expenditure?

Client 1

Yes No

If **yes**, what are the reasons for the changes and what is the expected impact?

Permanent change

Yes No

Client 2

Yes No

If **yes**, what are the reasons for the changes and what is the expected impact?

Permanent change

Yes No