



Commercial Client Needs Analysis

Date:

/ /

YOUR DETAILS:

Full name (Director 1):

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Full name (Director 2):

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If company and/or Trust:

Company/Trust name:

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ABN/ACN

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Registered address:

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Business address
(If different from above)

	State	P/code
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	State	P/code
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	State	P/code
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Full name/s of trustee/s:

1.

2.

3.

4.

Full name/s of
beneficiaries:

1.

2.

3.

4.

CREDIT ASSISTANCE PROVIDER:

Name:	Company Name:
Registration/Licence/Credit Representative Number:	Phone Number: ()
Mobile Number:	Email Address:

YOUR REQUIREMENTS AND OBJECTIVES:

Key Objectives & Finance Details

What are the primary reasons for seeking credit (how will the funds be used) or the reasons for a review of an existing credit contract?

1.	\$
2.	\$
3.	\$
4.	\$

Additional Notes:

Amount of credit sought: \$	Term of credit sought (years):
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If purchasing property, how long are you looking to retain the property for? *(Please provide reasons below)*

- <2 years
 2- 5 years
 5 – 10 years
 10 years plus

If refinancing or consolidating debts, please provide details of the debts that are being refinanced or consolidated and the resulting benefit to you

YOUR DETAILS:

CLIENT 1:				CLIENT 2:			
Title: Mr Mrs Ms Miss Other				Title: Mr Mrs Ms Miss Other			
Surname:				Surname:			
Given Names:				Given Names:			
Mothers Maiden Name:				Mothers Maiden Name:			
Date of Birth: / /		Sex: Male Female		Date of Birth: / /		Sex: Male Female	
Marital Status: Single Married De Facto		Widowed Separated Divorced		Marital Status: Single Married De Facto		Widowed Married DeFacto	
Number of Dependents:		Ages:		Number of Dependents		Ages:	
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:			
Own Home Live with Family		Mortgaged Renting Other		Own Home Living with Family		Mortgaged Renting Other	
Boarding				Boarding			
If under 2 years, please provide previous address details:				If under 2 years, please provide previous address details:			
State		P/Code		State		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:		()	
Preferred Daytime Contact Number:		Home Work Mobile		Preferred Daytime Contact Number:		Home Work Mobile	
Nearest Relative not living with you: Phone Number: Relationship: Address:				Nearest Relative not living with you: Phone Number: Relationship: Address:			

YOUR EMPLOYMENT DETAILS:

	CLIENT 1:			CLIENT 2:		
Employment Status:	PAYG Employee	Self Employed	Family Business	PAYG Employee	Self Employed	Family Business
	Full Time	Part Time	Casual	Full Time	Part Time	Casual
	Contractor	Temporary	Home Duties	Contractor	Temporary	Home Duties
	Retired	Student	Not Employed	Retired	Student	Not Employed
	Govt. Benefit Recipient	Other		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: Ph:			Name: Ph:		
Employer email:						
Time at current employment:	Years		Months	Years		Months
Average hours per week (if casual or part time):						
<i>If employed or in business for less than 2 years, please provide previous employment details:</i>						
Previous occupation and industry (if different from current):						
Previous employment Status:	PAYG Employee	Self Employed	Family Business	PAYG Employee	Self Employed	Family Business
	Full Time	Part Time	Casual	Full Time	Part Time	Casual
	Contractor	Temporary	Home Duties	Contractor	Temporary	Home Duties
	Retired	Student	Not Employed	Retired	Student	Not Employed
	Govt. Benefit Recipient	Other		Govt. Benefit Recipient	Other	
Previous employers name and address:						
Time at previous employment:	Years		Months	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 OWING:
Principle Home Address: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Principle Home Int. Rate % Lender: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Investment Property Address: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Investment Property Int. Rate % Lender: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Investment Property Address: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Investment Property Int. Rate % Lender: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Holiday Home Address: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Holiday Home Int. Rate % Lender: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Motor Vehicle Type: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Motor Vehicle Finance Int. Rate % Lender: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Motor Vehicle Type: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Motor Vehicle Finance Int. Rate % Lender: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Investments (e.g. shares, managed funds, term deposits) Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Line of Credit Int. Rate % Lender: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Cash (including savings) Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Credit Cards and Retail Store Cards (Total combined limits etc.) Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Superannuation Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Margin lending or other invest. loans Int. Rate: % Lender: Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Contents (insured value) Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Interest free debt Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Other Assets (e.g. boats, caravans, collections) Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Overdrafts and other bank facilities Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
Other – provide details Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	Loans as guarantor Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
	\$	Hire Purchase (Total of all HP agreements) Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
	\$	Personal Debt Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
	\$	Lease (Total of all lease agreements) Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
	\$	HECS liability/Taxation Debt Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
	\$	Other liabilities – provide details 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"/>	\$	\$	\$
	\$	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$	\$	\$
TOTAL ASSETS (A)	\$	TOTAL LIABILITIES (B)	\$	\$	\$

NET WORTH (A-B)

\$

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:	\$	\$
Period of receipt:			Period of receipt:		
Regular Overtime	Gross: \$	Net: \$	Regular Overtime	Gross: \$	Net: \$
Period of Receipt:			Period of Receipt:		
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 INCOME IF SELF EMPLOYED (LAST TWO FINANCIAL YEARS):

The following information is for:	Client 1	Client 2	Both
Financial year ending:	/ /	Financial year ending:	/ /
Sales	\$	Sales	\$
Less cost of goods sold	\$	Less costs of goods sold	\$
Gross profit	\$	Gross Profit	\$
Operating Expenses	\$	Operating Expenses	\$
NET PROFIT BEFORE TAX:	\$	NET PROFIT BEFORE TAX:	\$
ADD BACKS:		ADD BACKS:	
One Off Expenses	\$	One Off Expenses	\$
Interest	\$	Interest	\$
Superannuation	\$	Superannuation	\$
Depreciation	\$	Depreciation	\$
Directors salaries and fees	\$	Directors salaries and fees	\$
Other	\$	Other	\$
SUBTOTAL	\$	SUBTOTAL	\$
Less Tax	\$	Less Tax	\$
TOTAL	\$	TOTAL	\$

(Last financial year) TOTAL NET ANNUAL INCOME	\$
TOTAL NET ANNUAL INCOME Total net annual income (PAYG) + total net income (Self Employed)	\$
Total net annual income divided by 12 TOTAL NET MONTHLY INCOME (A)	\$

ACCOUNTANT'S DETAILS	Accounting firm:
Contact Name:	Contact Number:
	()
Email Address:	

YOUR PROPOSED LOAN REQUIREMENTS:

Borrowers name/s property 1:	Address of security property 1:
	State: P/code:
Borrowers name/s property 2:	Address of security property 2:
	State: P/code:
Borrowers name/s property 3:	Address of security property 3:
	State: P/code:

IF YOU'RE PURCHASING:

PURCHASE AND LOAN COSTS:		AVAILABLE FUNDS:	
Purchase Price:	\$	Deposit paid:	\$
Lender application / valuation fees:	\$	Cash savings:	\$
Transfer stamp duty:	\$	Sale proceeds:	\$
Legal and registration fees:	\$	Gift:	\$
		FHOG:	\$
		Other:	\$
LMI: Add to Loan?	Yes No		
TOTAL COSTS (A):	\$	TOTAL OWN FUNDS (D):	\$
LOAN AMOUNT REQUESTED (B):	\$	OWN FUNDS REQUIRED(A-B)=C:	\$
OWN FUNDS REQUIRED (A-B)=C	\$	SURPLUS/SHORTFALL (D-C)	\$

IF YOU'RE REFINANCING OR INCREASING A LOAN:

Purpose of refinancing / top up?		Current loan balance:	\$
Better rate: <input type="checkbox"/> Consolidate debts: <input type="checkbox"/> Need extra cash: <input type="checkbox"/> Investing: <input type="checkbox"/> Restructure: <input type="checkbox"/> Renovating: <input type="checkbox"/> Building: <input type="checkbox"/> Other: _____			
Property value <i>(property being refinanced)</i>	\$	Lender application / valuation fees:	\$
Total amount owed	\$	Legal fees:	\$
Property status: Owner occupied: <input type="checkbox"/> Investment property: <input type="checkbox"/> Vacant land: <input type="checkbox"/>		LMI Fees, add to loan? Yes No	\$
		Discharge costs:	\$
		Other exit fees:	\$
		SUBTOTAL REFINANCE & LOAN COSTS (E)	\$
		ADDITIONAL LOANS FUNDS SOUGHT (F)	\$
		TOTAL LOAN AMOUNT (E+F)	\$

ADDITIONAL DETAILS – IF YOU'RE REFINANCING / CONSOLIDATING DEBTS:

EXISTING LOANS / CREDIT CARDS / OTHER LIABILITIES

	DEBT 1	DEBT 2	DEBT 3	DEBT 4	DEBT 5	DEBT 6	DEBT 7	DEBT 8
Lender name:								
Loan / credit card liability type:								
Estimated payout amount:	\$	\$	\$	\$	\$	\$	\$	\$
Current interest rate:	%	%	%	%	%	%	%	%
Remaining term of loan:	Y M	Y M	Y M	Y M	Y M	Y M	Y M	Y M

Other debt: As part of the proposed consolidation of debt, are credit card limits going to be reduced or cancelled? Yes: No:
 Please provide details below:

YOUR FINANCIAL SECURITY:

Have you had any difficulties in meeting your financial commitments in the past 2 years? If yes, provide details below.	Yes	No
Have you received advice from an accountant, solicitor or financial planner regarding your financial objectives? If yes, provide details below.	Yes	No

PROTECTING YOUR LIFESTYLE / ASSETS:

Do you have insurance to protect your lifestyle e.g. life, total permanent disablement, income protection etc?	Yes	No
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

CHANGES TO YOUR CURRENT CIRCUMSTANCES:

Do you anticipate any material changes to your financial situation? For example, change in employment, income or expenditure? If yes, what are the reasons for the changes and what is the expected impact?	Yes	No

FOR THE CREDIT ASSISTANCE PROVIDER:

The list of verification requirements is not intended to be an exhaustive list of all of the types of evidence which can be used to confirm the client's financial situation.

VERIFICATION CHECKLIST:

PAYG CLIENTS

Recent Payroll Receipts / Payslips

Recent PAYG Summary

Recent Income Tax Return (ATO Notice of Assessment)

Bank Statements to Evidence:

- | | | | |
|---------------------------|------------------------------------|------------------------------------|-------------------------------------|
| • Debt payment history | 3 MONTHS: <input type="checkbox"/> | 6 MONTHS: <input type="checkbox"/> | 12 MONTHS: <input type="checkbox"/> |
| • Salary payments | 3 MONTHS: <input type="checkbox"/> | 6 MONTHS: <input type="checkbox"/> | 12 MONTHS: <input type="checkbox"/> |
| • Regular savings pattern | 3 MONTHS: <input type="checkbox"/> | 6 MONTHS: <input type="checkbox"/> | 12 MONTHS: <input type="checkbox"/> |

Confirmation of employment with the employer (subject to the requirements of Privacy Act 1988)
e.g. letter from employer on company letterhead detailing base gross and net income, length of service, status of employment (handwritten letters are unacceptable)

Other (please list):

SELF EMPLOYED CLIENTS:

Recent Income Tax Returns

A Statement from the client's accountant

Business Activity Statements

Financial statements (profit & loss / balance sheet)

Other (please list):

REFINANCING CLIENTS:

REFINANCING / SWITCHING AND DEBT CONSOLIDATION:

Copy of existing contract/statement to verify:

- Product type
- Fixed vs. variable rate
- Cost saving features
- Break costs

6-12 months of statements to verify:

- Current interest rate and costs
- Ongoing fees
- Repayment conducts

Payout statement in relation to exit fees of debt being refinanced

SECURITY:

Where a property is being used as security, the ownership of the property will need to be verified (for example, by a rates notice)

ADDITIONAL CLIENT NOTES:

Privacy Disclosure Statement and Consent

I/We consent to you using personal, financial and credit information about me/us for the purpose of arranging or providing credit, insuring credit, and for direct marketing of products and services offered by you or any organisation you are affiliated with or represent.

The personal information provided by me/us will be held by you. I/We can obtain a copy of your Privacy Policy at www.afgonline.com.au. Your privacy policy contains information about how I may access or seek correction of my personal information, how you manage that information and your complaints process. If I/we do not provide the requested personal information you may be unable to assist in arranging finance or providing other services.

You may disclose personal information about me/us to the following types of entities, some of which may be located overseas:

- persons who provide credit or other products or services to us, or to whom an application has been made for those products or services;
- financial consultants, accountants, lawyers and advisers;
- any industry body, tribunal, court or otherwise in connection with any complaint;
- any person where you are required by law to do so;
- any of your associates, related entities or contractors (including printing/publication/mailing houses, IT service providers, cloud storage providers, lawyers/accountants);
- our referees, such as our employers, to verify information we have provided;
- any person considering acquiring an interest in your business or assets;
- any organisation providing online verification of our identities.

Credit Information

I/We hereby authorise you to receive information from any lender about our credit affairs, and to provide any relevant real estate agent, lawyer, conveyancer, agent or person authorised by me to access my information, with details of whether finance has been approved for us, and if it has, the terms of that approval, including providing a copy of any approval letter.

I/We appoint you as our agent to obtain our credit information from a credit reporting body on our behalf.

Receiving Information Electronically

I/We consent to receiving credit assistance documentation and loan application information electronically.

Full Name of Applicant 1	Signature of Applicant 1	Date
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Full Name of Applicant 2	Signature of Applicant 2	Date
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Full Name of Applicant 3	Signature of Applicant 3	Date
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Full Name of Applicant 4	Signature of Applicant 4	Date
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Name of Appointed Credit Service Providers	Name and contact details of Appointed Credit Service Provider's Organisation (if applicable)
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Biagio (Gino) Marra	Potentia Capital Advisors Pty Ltd Email: gmarra@potentiacapital.com.au Mobile: 0414-998-468
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