

Your Personal Details													
				Applicant 1				Applicant 2					
Family Name													
Given Names													
Title													
Previous Name													
Gender		<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Male		<input type="checkbox"/> Female					
Date of Birth													
Marital Status		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto	<input type="checkbox"/> Other	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto	<input type="checkbox"/> Other				
Dependants		No:		Ages:		No:		Ages:					
Retirement Age													
Drivers Licence No				Expiry		State				Expiry		State	
Contact Details		Mobile:					Mobile:						
		Work:					Work:						
		Home:					Home:						
		Fax:					Fax:						
		Email:					Email:						
Residential Address													
Date Moved In													
Housing Status		<input type="checkbox"/> Own Home	<input type="checkbox"/> Renting	<input type="checkbox"/> With parents	<input type="checkbox"/> Other	<input type="checkbox"/> Own Home	<input type="checkbox"/> Renting	<input type="checkbox"/> With parents	<input type="checkbox"/> Other				
Postal Address													
<i>Previous Residential Addresses if less than 3 years at current</i>													
Previous Address													
Date Moved In													
Nearest relative <i>(not living with you)</i>		Full Name:					Full Name:						
		Contact Number:					Contact Number:						
		Address:					Address:						
		Relationship:					Relationship:						
Mothers Maiden Name													

Your Employment Details																
Occupation																
Employer's Name																
Employer's Address																
Contact Person																
Contact Number																
Employment Type		<input type="checkbox"/> PAYG	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Other <small>(Details required)</small>	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Other <small>(Details required)</small>	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Other <small>(Details required)</small>	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Other <small>(Details required)</small>			
Employment Basis		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Other <small>(Details required)</small>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Other <small>(Details required)</small>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Other <small>(Details required)</small>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Other <small>(Details required)</small>			
Date Commenced																
Gross Income		\$	<input type="checkbox"/> pw	<input type="checkbox"/> pf	<input type="checkbox"/> pm	<input type="checkbox"/> pa	\$	<input type="checkbox"/> pw	<input type="checkbox"/> pf	<input type="checkbox"/> pm	<input type="checkbox"/> pa	\$	<input type="checkbox"/> pw	<input type="checkbox"/> pf	<input type="checkbox"/> pm	<input type="checkbox"/> pa
Other Income		\$	Type					\$	Type							

Previous Employment (if less than three years)						
Occupation						
Employer's Name						
Employer's Address						
Contact Person						
Contact Number						
Employment Type	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self - Employed	<input type="checkbox"/> Other	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self - Employed	<input type="checkbox"/> Other
Employment Basis	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Other	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Other
Start Date						
Finish Date						

Your Business Details (if applicable)						
Business Name			ABN			
Business Address						
Are you a sole trader?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>If Yes</u>	<input type="checkbox"/> Applicant 1	and/or	<input type="checkbox"/> Applicant 2
Are you the director of a company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>If Yes</u>	<input type="checkbox"/> Applicant 1	and/or	<input type="checkbox"/> Applicant 2
Company Name			ABN/ACN			
Company Address						
Are you the Trustee of a Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>If Yes</u>	<input type="checkbox"/> Applicant 1	and/or	<input type="checkbox"/> Applicant 2 or <input type="checkbox"/> Company (as above)
Trust's Name						
Trust's Address						
Does the business have any borrowings?	<input type="checkbox"/> Yes	No	<input type="checkbox"/>			
If so would you like these arrangements reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> In the future	<input type="checkbox"/> No			

Your Requirements						
Purchase			Refinance/Top Up			
Purchase Type:	<input type="checkbox"/> Purchase (land and improvement)		Purpose of refinance:	<input type="checkbox"/> Better Rate	<input type="checkbox"/> Restructure	
<input type="checkbox"/> Pre-approval	<input type="checkbox"/> Land/Construction		<input type="checkbox"/> Consolidate Debt	<input type="checkbox"/> Access to equity Please detail		
Are you purchasing your first home?	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Home Improvements	<input type="checkbox"/> Other		
	2	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Security address:			Security address:			
How many years do you intend to retain the property?			How many years do you intend to retain the property?			
<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Vacant Land		<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Vacant Land		
<input type="checkbox"/> Investment Property	Expected Rent	\$ pw	<input type="checkbox"/> Investment Property	Expected Rent	\$	pw
Purchase Price	\$		Estimated Value	\$		
Purchase Costs	\$		Current Debt	\$		
Contribution	\$		Refinance Costs	\$		
Gifts / Grants/ Other	\$		Additional Funds Required	\$ Please detail		
Total Credit Required	\$ 0		Total Credit Required	\$ 0		
Name on Contract	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Other Detail Below	Name on Title	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Other Please detail	

Personal Questions: (If Yes please provide details)		
Has either applicant ever had any problems meeting any of your fixed commitments including mobile phone payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has either applicant ever been an officer or shareholder of any company of which a manager, receiver, and / or liquidator has been appointed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does either applicant have any unsatisfied judgement(s) entered in any court against either applicant or any company of which either applicant are or were a Shareholder or Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any application in respect of this loan ever been submitted by either applicant or any other person to any other Credit Provider(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Your Statement of Position

Assets		Liabilities			Monthly Repayment			
Savings Accounts - Financial Institutions		Current Value	Credit Lines - Financial Institution		Limit	Amount Owing	Repayment	To be paid out
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$	\$	\$	<input type="checkbox"/>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$	\$	\$	<input type="checkbox"/>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$	\$	\$	<input type="checkbox"/>
Real Estate - Addresses		Current Value	Home Loans - Financial Institution		Limit	Amount Owing	Repayment	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$	\$	\$	<input type="checkbox"/>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$	\$	\$	<input type="checkbox"/>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$	\$	\$	<input type="checkbox"/>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$	\$	\$	<input type="checkbox"/>
Motor Vehicles - Make & Year		Current Value	Leasing - Financial Institution		Expiry Date	Amount Owing	Repayment	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$	\$	<input type="checkbox"/>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$	\$	<input type="checkbox"/>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$	\$	<input type="checkbox"/>
Contents Insurer		\$	Personal Loans - Financial Institution		Expiry Date	Amount Owing	Repayment	
		<i>Insured Amount</i>		<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$	\$	<input type="checkbox"/>
Superannuation - Fund		Current Value	Credit Card - Financial Institution		Limit	Amount Owing	Repayment	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$	\$	\$	<input type="checkbox"/>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$	\$	\$	<input type="checkbox"/>
Business Value		\$	Other Debts - Description		Expiry Date	Amount Owing	Repayment	
Shares & Investments		Current Value		<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$	\$	<input type="checkbox"/>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$	\$	<input type="checkbox"/>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$	\$	<input type="checkbox"/>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$	\$	<input type="checkbox"/>
Deposit Paid		\$	Total Liabilities		\$ 0			
Other Assets - Description		Current Value	Total Monthly Repayments		\$ 0			
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$	Life Insurance Sum Insured		<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$		
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$	Do you expect any changes to your net asset position in the foreseeable future?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, please provide further details below	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$	Notes:					

Your Monthly Income & Expenses

	Applicant 1			Applicant 2						
Net Income	\$	<input type="checkbox"/> pw <input type="checkbox"/> pf <input type="checkbox"/> pa	\$	pm	\$	<input type="checkbox"/> pw <input type="checkbox"/> pf <input type="checkbox"/> pa	\$	pm		
Rental Income	\$	<input type="checkbox"/> pw <input type="checkbox"/> pf <input type="checkbox"/> pa	\$	pm	\$	<input type="checkbox"/> pw <input type="checkbox"/> pf <input type="checkbox"/> pa	\$	pm		
Government Benefits	\$	<input type="checkbox"/> pw <input type="checkbox"/> pf <input type="checkbox"/> pa	\$	pm	\$	<input type="checkbox"/> pw <input type="checkbox"/> pf <input type="checkbox"/> pa	\$	pm		
Investment Income	\$	<input type="checkbox"/> pw <input type="checkbox"/> pf <input type="checkbox"/> pa	\$	pm	\$	<input type="checkbox"/> pw <input type="checkbox"/> pf <input type="checkbox"/> pa	\$	pm		
Other Income	\$	<input type="checkbox"/> pw <input type="checkbox"/> pf <input type="checkbox"/> pa	\$	pm	\$	<input type="checkbox"/> pw <input type="checkbox"/> pf <input type="checkbox"/> pa	\$	pm		
Sub Total Net Income	A			\$ 0	pm	A			\$ 0	pm

Total Monthly Repayments From Statement of Position	\$ 0	pm	Notes:
Total monthly expenses From Budget Planning Exercise	\$	pm	
Total Expenses Exclude new commitment	B	\$ 0	

Total Net Income Applicants 1 & 2	A	\$ 0	pm	Total Expenses	B	\$ 0	pm	Surplus/Deficit (A - B)	C	\$	pm
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Do you expect any variation to your income in the foreseeable future? Yes No
If so please explain in Additional Information on Page 5

Establishing Your Needs and Objectives (Your broker to discuss)

Date by which credit is to be secured by:		Applicant's Lender Preference	
Term of loan	years	months	<input type="checkbox"/> Requested for reason of affordability
Interest only Term		years	
Client's attitude toward interest rate fluctuations?		<input type="checkbox"/> Concerned	<input type="checkbox"/> Slightly concerned
<input type="checkbox"/> Not concerned			
<input type="checkbox"/> Principal & Interest	<input type="checkbox"/> Wants to reduce debt	<input type="checkbox"/> Interest Only	<input type="checkbox"/> Debt is tax deductible
<input type="checkbox"/> Preserve Cash flow			
Repayment Cycle	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
<input type="checkbox"/> 6 Monthly		<input type="checkbox"/> Interest in Advance	
<input type="checkbox"/> Variable	<input type="checkbox"/> Requires flexibility	<input type="checkbox"/> Requires offset account	<input type="checkbox"/> Extra Repayments
Basic Variable	<input type="checkbox"/> Requires lower interest rate with less features		<input type="checkbox"/> Requires offset account
<input type="checkbox"/> Introductory Variable	<input type="checkbox"/> Wishes to keep costs down	<input type="checkbox"/> Requires flexibility of variable rate	
<input type="checkbox"/> Professional Package	<input type="checkbox"/> Requires discount rate	<input type="checkbox"/> Requires offset account	
<input type="checkbox"/> Fixed Rate	<input type="checkbox"/> Requires stability in payment		<input type="checkbox"/> Rate lock facility accepted
No. of years	<input type="checkbox"/> Rate lock facility declined		
<input type="checkbox"/> Introductory Fixed	<input type="checkbox"/> Wishes to keep costs down in first year and have stability in payment		
<input type="checkbox"/> Line of Credit	<input type="checkbox"/> Requires access to equity in property		
<input type="checkbox"/> Land & Construction	<input type="checkbox"/> Progressive draw down		
<input type="checkbox"/> Low Doc Loan	<input type="checkbox"/> Income has increased since last taxation return was submitted		<input type="checkbox"/> Taxation returns are not available
<input type="checkbox"/> Non-Conforming	<input type="checkbox"/> Has adverse credit history		<input type="checkbox"/> Has history of arrears
<input type="checkbox"/> Reverse Mortgage	<input type="checkbox"/> Wishes to access equity in home & does not wish to repay debt		
<input type="checkbox"/> Other Features	<input type="checkbox"/> No ongoing fees	<input type="checkbox"/> Redraw facility	<input type="checkbox"/> No early repayment penalty
<input type="checkbox"/> Other (Please explain)			

Notes

Protecting your financial position

Are you aware of any circumstances that may impact upon your ability to meet your financial commitments?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you rely upon your paid employment or self-employment to cover your mortgage and expenses?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Upon whose income are you/ your family dependent upon to maintain the proposed commitment and your expenses?	<input type="checkbox"/>	App 1	<input type="checkbox"/>	App 2
Do you have an emergency fund, liquid asset or insurance to assist with the repayment of the debt in the event of a loss of an income?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Would you be able to maintain your commitments and lifestyle if you or your partner were temporarily unable to earn an income?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a will?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Required Action:

Professional Advisers

	Financial Planner	Solicitor/Conveyancer	Real Estate Agent	Accountant
Name				
Mobile:	Mobile:	Mobile:	Mobile:	Mobile:
Work:	Work:	Work:	Work:	Work:
Fax:	Fax:	Fax:	Fax:	Fax:
Email:	Email	Email	Email	Email

Declaration & Acknowledgement

I / We declare that we have reviewed this document and confirm the information contained within is complete and accurate to the best of my / our knowledge. I / We understand that the factual information contained within this document is relied upon in making a preliminary assessment. I/We declare that we have received a copy of the Credit Guide for my/our records.

Applicant 1 Name: _____ Signature: _____ Date: _____ Representative Name: _____ Signature _____	Applicant 2 Name: _____ Signature: _____ Date: _____ Credit Representative No: _____ Date: _____
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Additional Information:

Axies Pty Ltd | ABN 38 136 704 446
 1/27-31 Myers Street, Geelong VIC 3220
 Australian Credit Licence Number 339384

Paul Kehagias - Credit Representative Number 485476
 Tim Geurts - Credit Representative Number 485480

The Privacy Act (1988) regulates the way personal information is used. The following carefully explains privacy rights and obligations in relation to personal information.

Privacy Disclosure Statement and Consent

We are collecting personal and financial information about you.

1. The information you provide will be held by us.
2. You appoint us your agent to obtain your credit information from a credit reporting body on your behalf.
3. We may use credit information and any other information you provide to arrange or provide finance and other services.
4. We may exchange the information with the following types of entities, some of which may be 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 or contractors
 - 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
5. 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 <http://axies.com.au/documentation> or by contacting us on 1300 85 83 81. 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.

You agree that we may collect use and disclose your information as specified above.

DECLARATIONS BY YOU

I/We declare that by signing this Privacy form, I/we have read and understood this Privacy form and consent to the collection, maintenance, use and disclosure of personal information in accordance with the above.

I/We understand that if I/we do not sign this Privacy form, then we may be unable to proceed with any further credit activities and any personal information held, will be discarded in a safe and secure manner.

Borrower / Guarantor 1	Borrower / Guarantor 2
Full Name:	Full Name
Signature:	Signature:
Date:	Date: