

Date:

Client Needs Analysis

YOUR DETAILS:

Full name (Client 1):

Full name (Client 2):

If Company and/or Trust:

Company/Trust name:

ABN/ACN:

Registered address:

Business address (if different from above):

Full name/s of trustee/s:

1.

2.

3.

4.

Full names of beneficiaries:

1.

2.

3.

4.

CREDIT ASSISTANCE PROVIDER:

Name:

Company name:

Australian Credit Licence Number / Credit Representative Number (if applicable):

Phone number:

Mobile number:

Email address:

YOUR REQUIREMENTS AND OBJECTIVES:

For example: purchase home, buy land, building, investment property, refinance, renovate, relocation, debt consolidation, study, holiday, car, boat, extra cash, etc.

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

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

Additional notes:

Amount of credit sought: \$

Term of credit sought: Years

If **purchasing property**, how long are you looking to retain the property for?

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

Please provide reasons below.

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:

Title: Mr Mrs Ms Miss Other

Surname:

Given names:

Previous name:

Date of birth: Sex: Male Female

Resident of (if not Australia):

Marital status: Single Married De facto
Widowed Separated Divorced

Number of dependents: Ages:

Current address:

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:

Postal address (if different from current residential address):

Email address:

Home phone number:

Work phone number:

Mobile number:

Fax number:

Preferred daytime contact number: Home Work Mobile

Face to face identity check: Yes No

CLIENT 2:

Title: Mr Mrs Ms Miss Other

Surname:

Given names:

Previous name:

Date of birth: Sex: Male Female

Resident of (if not Australia):

Marital status: Single Married De facto
Widowed Separated Divorced

Number of dependents: Ages:

Current address:

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:

Postal address (if different from current residential address):

Email address:

Home phone number:

Work phone number:

Mobile number:

Fax number:

Preferred daytime contact number: Home Work Mobile

Face to face identity check: Yes No

IDENTIFICATION DOCUMENTS:

CLIENT 1:

Document type:

Photo ID: Yes No

Document number:

Place of issue:

Date of issue:

Expiry date:

Name on document:

Document issued by:

Original Certified

CLIENT 2:

Document type:

Photo ID: Yes No

Document number:

Place of issue:

Date of issue:

Expiry date:

Name on document:

Document issued by:

Original Certified

NEAREST LIVING RELATIVE DETAILS:

CLIENT 1:

Title: Mr Mrs Ms Miss Other

Surname:

Given names:

Sex: Male Female

Relationship to Client 1:

Current address:

Email address:

Home phone number:

Work phone number:

Mobile number:

Fax number:

Preferred daytime contact number: Home Work Mobile

CLIENT 2:

Title: Mr Mrs Ms Miss Other

Surname:

Given names:

Sex: Male Female

Relationship to Client 2:

Current address:

Email address:

Home phone number:

Work phone number:

Mobile number:

Fax number:

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):

Employer email:

Time at current employment:

 Years Months

Average hours per week (if casual or part time):

 Hours

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:

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

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):

Employer email:

Time at current employment:

 Years Months

Average hours per week (if casual or part time):

 Hours

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:

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 asset and liability information provides a snapshot of your net worth position.*

ASSET TYPE:	VALUE:	LIABILITY TYPE:	LIMIT:	MONTHLY REPAYMENT:	AMOUNT OWING:
Principal home Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Address: _____	\$ _____	Principal home Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Interest rate: _____ % Lender: _____	\$ _____	\$ _____	\$ _____
Investment property Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Address: _____	\$ _____	Investment property Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Interest rate: _____ % Lender: _____	\$ _____	\$ _____	\$ _____
Investment property Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Address: _____	\$ _____	Investment property Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Interest rate: _____ % Lender: _____	\$ _____	\$ _____	\$ _____
Holiday home Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Address: _____	\$ _____	Holiday home Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Interest rate: _____ % Lender: _____	\$ _____	\$ _____	\$ _____
Motor vehicle Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Type: _____	\$ _____	Motor vehicle finance Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Interest rate: _____ % Lender: _____	\$ _____	\$ _____	\$ _____
Motor vehicle Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Type: _____	\$ _____	Motor vehicle finance Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Interest rate: _____ % Lender: _____	\$ _____	\$ _____	\$ _____
Investments (eg. shares, managed funds, term deposits) Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	\$ _____	Line of credit Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Interest rate: _____ % Lender: _____	\$ _____	\$ _____	\$ _____
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 Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/> Interest rate: _____ % Lender: _____	\$ _____	\$ _____	\$ _____
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 (eg. 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"/>	\$ _____	\$ _____	\$ _____
_____ 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"/>	\$ _____	\$ _____	\$ _____
_____ 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"/>	\$ _____	\$ _____	\$ _____
_____ 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"/>	\$ _____	\$ _____	\$ _____
_____ 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"/>	\$ _____	\$ _____	\$ _____
TOTAL ASSETS (A)	\$ _____	TOTAL LIABILITIES (B)	\$ _____	\$ _____	\$ _____
			NET WORTH (A-B)	\$ _____	

YOUR INCOME AND EXPENDITURE:

YOUR INCOME IF PAYG CLIENTS:

CLIENT 1:

ANNUAL INCOME:	GROSS	NET
Base incomes/salary	\$	\$
Bonuses	\$	\$
Period of receipt:		
Regular overtime	\$	\$
Period of receipt:		
Existing rental income		\$
Expected rental income		\$
Investment income		\$
Government allowances		\$
Other		\$
SUBTOTAL (1)		\$

CLIENT 2:

ANNUAL INCOME:	GROSS	NET
Base incomes/salary	\$	\$
Bonuses	\$	\$
Period of receipt:		
Regular overtime	\$	\$
Period of receipt:		
Existing rental income		\$
Expected rental income		\$
Investment income		\$
Government allowances		\$
Other		\$
SUBTOTAL (2)		\$

TOTAL CURRENT NET ANNUAL INCOME (1+2)

\$

YOUR ANNUAL INCOME IF SELF EMPLOYED (LAST TWO FINANCIAL YEARS):

The following information is for: Client 1 Client 2 Both

FINANCIAL YEAR ENDING / / :

Sales	\$
Less cost of goods sold	\$
Gross profit	\$
Operating expenses	\$
NET PROFIT BEFORE TAX	\$

ADD BACKS:

One off expenses	\$
Interest	\$
Superannuation	\$
Depreciation	\$
Directors salaries and fees	\$
Other	\$
SUBTOTAL	\$

Less tax	\$
TOTAL	\$

FINANCIAL YEAR ENDING / / :

Sales	\$
Less cost of goods sold	\$
Gross profit	\$
Operating expenses	\$
NET PROFIT BEFORE TAX	\$

ADD BACKS:

One off expenses	\$
Interest	\$
Superannuation	\$
Depreciation	\$
Directors salaries and fees	\$
Other	\$
SUBTOTAL	\$

Less tax	\$
TOTAL	\$

(Last financial year) **TOTAL NET ANNUAL INCOME**

\$

Total expected rental income

\$

Total net annual income (PAYG) + total net annual income (Self Employed) **TOTAL CURRENT NET ANNUAL INCOME**

\$

Total net annual income ÷ 12 **TOTAL CURRENT NET MONTHLY INCOME (A)**

\$

YOUR ANNUAL INCOME IF SELF EMPLOYED (LAST TWO FINANCIAL YEARS):

Continued

ACCOUNTANT'S DETAILS:

Accounting firm:

Contact name:

Contact phone number:

Email address:

FINANCIAL ADVISOR'S DETAILS:

Financial Planning practice:

Contact name:

Contact phone number:

Email address:

YOUR CASH FLOW POSITION:

The following information provides a snapshot of your current cash flow position.

TOTAL CURRENT NET MONTHLY INCOME (A) From page 5

 \$

CURRENT MONTHLY LOAN REPAYMENTS / RENT:

Rent:	\$	<input type="text"/>
Existing home loan:	\$	<input type="text"/>
Existing investment loan:	\$	<input type="text"/>
Credit cards / store cards (combined monthly payment):	\$	<input type="text"/>
Personal loan / car loan:	\$	<input type="text"/>
Other loans:	\$	<input type="text"/>
CURRENT MONTHLY REPAYMENTS (B)	\$	<input type="text"/>

Will this expenditure continue after settlement?	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Will this expenditure continue after settlement?	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Will this expenditure continue after settlement?	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Will this expenditure continue after settlement?	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Will this expenditure continue after settlement?	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Will this expenditure continue after settlement?	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>

FUTURE MONTHLY REPAYMENTS* (C)

 \$

* Subtotal of all current expenditure marked as continuing after settlement.

REPAYMENT FOR THE PROPOSED LOAN (D)

 \$

CURRENT MONTHLY LIVING EXPENSES:

Food / housekeeping:	\$	<input type="text"/>
Insurance: (eg. motor vehicle, home contents / building, medical, life / income protection)	\$	<input type="text"/>
Utilities: (eg. rates, gas, electricity, telephones)	\$	<input type="text"/>
Transport: (eg. public transport, petrol, registration, repairs)	\$	<input type="text"/>
Education: (eg. school, college, university)	\$	<input type="text"/>
Dependants support: (eg. childcare, child maintenance)	\$	<input type="text"/>
Entertainment:	\$	<input type="text"/>
Other:	\$	<input type="text"/>
CURRENT MONTHLY LIVING EXPENSES (E)	\$	<input type="text"/>

TOTAL FUTURE NET ANNUAL INCOME

 \$

TOTAL FUTURE NET MONTHLY INCOME# (I)

 \$

FUTURE MONTHLY LIVING EXPENSES# (F)

 \$

TOTAL CURRENT MONTHLY EXPENDITURE (B+E)=G

 \$

TOTAL FUTURE MONTHLY EXPENDITURE (C+D+F)=H

 \$

TOTAL CURRENT MONTHLY NET SURPLUS (A-G)

 \$

TOTAL FUTURE MONTHLY NET SURPLUS (I-H)

 \$

Please provide details of any expected changes between current and future living expenses.

YOUR PROPOSED LOAN REQUIREMENTS:

Borrower name/s property 1:

Address of security property 1:

Borrower name/s property 2:

Address of security property 2:

Borrower name/s property 3:

Address of security property 3:

IF YOU'RE PURCHASING:

PURCHASE AND LOAN COSTS:

Purchase price:	\$
Lender application / Valuation fees:	\$
Transfer stamp duty:	\$
Legal and registration fees:	\$
LMI: Add to loan? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
TOTAL COSTS (A)	\$
LOAN AMOUNT REQUESTED (B)	\$
OWN FUNDS REQUIRED (A-B)=C	\$

AVAILABLE FUNDS:

Deposit paid:	\$
Cash savings:	\$
Sale proceeds:	\$
Gift:	\$
FHOG:	\$
Other:	\$
TOTAL OWN FUNDS (D)	\$
OWN FUNDS REQUIRED (A-B)=C	\$
SURPLUS/SHORTFALL (D-C)	\$

IF YOU'RE REFINANCING OR INCREASING A LOAN:

Purpose for refinancing / top up? Better rate Consolidate debts
 Need extra cash Restructure Investing Renovating
 Building Other
 Property value (property being refinanced): \$
 Total amount owed: \$
 Property status: Owner occupied Investment property Vacant land

Current loan balance:	\$
Lender application / Valuation fees:	\$
Legal fees:	\$
LMI: Add to loan? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Discharge costs:	\$
Other exit fees:	\$
SUBTOTAL REFINANCE AND 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? Please provide details below. Yes No

YOUR PREFERRED LOAN OPTIONS:

YOUR PREFERRED INTEREST RATE TYPE: *(Please select one)*

- Variable rate** – it is important to have an interest rate that fluctuates over the term of the loan in line with market interest rate changes.
- Fixed rate** – it is important to have certainty about the interest rate and/or repayment for a fixed term.
- Fixed & Variable** – it is important to have a combination of fixed and variable interest rates.
- No preferred interest rate type.**

YOUR PREFERRED REPAYMENT TYPE: *(Please select one)*

- Principal & Interest** – it is important to have repayments that include both the principal amount borrowed and the interest payable, so that the loan is repaid in full by the end of the loan's term.
- Interest Only** – it is important to make interest only repayments for a specified term.
- Interest Only in Advance** – it is important to have the ability to make an advanced or lump sum interest only repayment.
- No preferred repayment type.**

YOUR PREFERRED LOAN FEATURES:

FEATURES	REQUIRED
Pay off quickly / additional payments It is important that the loan is paid off quickly and that additional payments are allowed without penalty.	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Split account It is important to have more than one loan sub account/s, or a separate account for savings / investment funds, for tax, accounting or personal expense purposes.	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Re-draw It is important to have access to additional repayment funds should it be required.	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
100% Offset It is important to have a separate savings account linked to the loan that offsets the savings balance against the loan balance.	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Line of credit It is important to have a revolving facility that allows you to draw to a limit via EFTPOS, ATM, Internet or Cheque.	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Top up It is important to have access to additional funds for future use subject to sufficient equity.	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Product flexibility It is important to have the ability to switch between a lender's mortgage products.	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Portability It is important to have the option to transfer the loan to an alternative property to save money and time.	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Other features sought	Yes <input type="checkbox"/> Not essential <input type="checkbox"/>

Additional information/comments:

FOR THE CREDIT ASSISTANCE PROVIDER:

Disclose to the client and note any significant costs and / or risks associated with the features being sought. For example, costs of refinancing, break costs, fees for credit assistance services etc.

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 requirements or financial objectives?

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 any insurance to protect your lifestyle eg. life, total permanent disablement insurance, income protection etc?

CLIENT 1: Yes No

If no, provide details below.

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

(a) temporarily unable to earn an income, for example through sickness / illness?

(b) permanently unable to earn income, for example through death / permanent disability?

CLIENT 1: Provide details below.

CLIENT 2: Yes No

If no, provide details below.

CLIENT 2: Provide details below.

Would you like someone to contact you regarding income protection? Yes No

Would you like someone to contact you regarding life insurance? Yes No

Do you have any home and contents insurance? Yes No

Would you like someone to contact you regarding home and contents insurance? Yes No

Would you like someone to contact you regarding income protection? Yes No

Would you like someone to contact you regarding life insurance? Yes No

Do you have any home and contents insurance? Yes 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?

Is this a permanent change? Yes No

Mitigant:

Estimated start date: Estimated end date:

CLIENT 2: Yes No

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

Is this a permanent change? Yes No

Mitigant:

Estimated start date: Estimated end date:

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 6 months 12 months
 - salary payments 3 months 6 months 12 months
 - regular savings pattern 3 months 6 months 12 months
- Confirmation of employment with the employer (subject to the requirements of the Privacy Act 1988)
eg. 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 conduct
- Payout statement in relation to exit fees and amount 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: