

Your Debt Fact Find

Before I make any recommendations, I need to ask you about and record your financial situation and goals. This questionnaire is designed to record this information.

My debt advice to you will be based on:

- ✓ the answers you provide in this document,
- ✓ any other information we receive from you such as bank statements, and
- ✓ our discussions either by phone or face to face.

This Fact Find is for:		
Your name(s)		
Date		

My contact details

Lending consultant:		Mobile:	
Practice name:	Champion Broker		
Phone:	1800 290 669		
Fax:	1800 738 190		
Direct Email:			
Website:	www.championbroker.com.au		

Your personal details

This section captures information about your personal details, such as your current contact details and how you would like to be contacted by us.

Individual details

	Client 1	Client 2
Title		
Surname		
Given name		
Preferred name		
Sex	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Marital status		
Date of birth		
Tax resident of Australia	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Country of residence		
Country of citizenship		

Initial: _____

Contact details

	Client 1			Client 2		
Home Address						
From		To			To	
If less than 2						
From		To			To	
Address < 2						
From		To			To	
Other address						
Mailing address	<input type="radio"/> Home <input type="radio"/> Other			<input type="radio"/> Home <input type="radio"/> Other		
Home (T)		Work			Work	
Mobile		Fax			Fax	
Email						
Contact me by	<input type="radio"/> Mobile <input type="radio"/> Email <input type="radio"/> _____			<input type="radio"/> Mobile <input type="radio"/> Email <input type="radio"/> _____		

About your family

This section captures information about your family, including your children and other family members that are dependent on you. This helps me consider both you and your family when I make my recommendations.

Dependants/Children

- You have no children/dependants at this time You choose not to provide these details now.

	1	2	3	4
Surname				
Given name				
Date of birth				
Sex	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Financially dependent?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
if yes, until when?				
Special needs?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other family matter?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Notes				
	Next of Kin (1)		Next of Kin (2)	
Full Name				
Address				
Phone/Mobile				
Email				
Relationship				

Initial: _____

About your employment

This section captures information about your current employment situation. This helps me to understand any issues needing consideration when providing you with advice.

	Client 1	Client 2
Employment type	<input type="radio"/> Permanent full time <input type="radio"/> Permanent part time <input type="radio"/> Fixed term <input type="radio"/> Casual <input type="radio"/> Contract End date: _____ <input type="radio"/> Not working/retired	<input type="radio"/> Permanent full time <input type="radio"/> Permanent part time <input type="radio"/> Fixed term <input type="radio"/> Casual <input type="radio"/> Contract End date: _____ <input type="radio"/> Not working/retired
Occupation		
Date started	From _____ To _____	From _____ To _____
Employer/ Business Name		
Employer / Business Address		
ABN (if applicable)		

Previous employment (if less than 2 years in current position)

	Client 1	Client 2
Employment type	<input type="radio"/> Permanent full time <input type="radio"/> Permanent part time <input type="radio"/> Fixed term <input type="radio"/> Casual <input type="radio"/> Contract End date: _____ <input type="radio"/> Not working/retired	<input type="radio"/> Permanent full time <input type="radio"/> Permanent part time <input type="radio"/> Fixed term <input type="radio"/> Casual <input type="radio"/> Contract End date: _____ <input type="radio"/> Not working/retired
Occupation		
Date started	From: _____ To: _____	From: _____ To: _____
Employer/ Business Name		
Employer / Business Address		
ABN (if applicable)		
Comments if previous employment less than 2 years		

Your financial and lifestyle goals

Goal	Expected cost	Timeframe	Priority
Debt (Borrow for home and repay as quickly as possible)		<input type="radio"/> Short <input type="radio"/> Medium <input type="radio"/> Long	
Investment (Build investment / share portfolio)		<input type="radio"/> Short <input type="radio"/> Medium <input type="radio"/> Long	
Lifestyle (Overseas trip in 5 years, motor vehicle)		<input type="radio"/> Short <input type="radio"/> Medium <input type="radio"/> Long	
Other (Private education for both children)		<input type="radio"/> Short <input type="radio"/> Medium <input type="radio"/> Long	

Initial: _____

About your income and expenses

Income

Income description	Client 1 \$ a year	Client 2 \$ a year
Base salary or wages		
Bonus / allowance		
Annuity / allocated pension		
Rental income		
Share / investment income		
Foreign pension income		
Maintenance income		
	Amount: \$	Amount: \$
Current Centrelink or Department of Veterans' affairs benefit amount	Payment name: _____ \$ _____	Payment name: _____ \$ _____
	CRN: _____	CRN: _____
Other taxable income		
Other non-taxable income		
Total		
Reportable fringe benefits		
Are you expecting your income to change in the foreseeable future? Provide details		
SELF EMPLOYED QUESTIONS		
Last year's assessable income	\$	\$
Previous years assessable income	\$	\$

Household expense

Category	Description	Freq.	\$\$	Category	Description	Freq.	\$\$
Housing	Rent			Personal	Food / household		
	Council rates				Clothing / shoes		
	Water rates				Medical / dental costs		
	Telephone / internet				Mobile phone		
	Electricity / gas				Education/Donations		
	Insurance (all)				Other		
	Other				Travel	Registration / insurance	
Leisure	Holidays			Maintenance / repairs			
	Restaurants / outings			Public transport / taxis			
	Membership/gifts			Petrol/Parking/ Other			
	Other			Do you expect your expenses to change in the foreseeable future? Provide details:			
Dependants	Childcare / school fees/Other						
Notes (include drivers of discretionary expenses):							

Loan purpose

	Owner occupied	Investment	Add to existing	New split	Amount
Purchase property	<input type="radio"/>	<input type="radio"/>			
Refinance property	<input type="radio"/>	<input type="radio"/>			
Home improvements	<input type="radio"/>	<input type="radio"/>			
Construction	<input type="radio"/>	<input type="radio"/>			
Debt consolidation	<input type="radio"/>	<input type="radio"/>			
Business use	<input type="radio"/>	<input type="radio"/>			
Other real estate (refer notes)	<input type="radio"/>	<input type="radio"/>			
Other personal usage (refer notes)	<input type="radio"/>	<input type="radio"/>			
Total loan amount	<input type="radio"/>	<input type="radio"/>			
Total loan amount					
Notes					

Loan term

5 years
 10 years
 15 years
 20 years
 25 years
 30 years
 Other

Loan features

Loan type	<input type="radio"/> Principle and interest	<input type="radio"/> Interest only	<input type="radio"/> Line of credit	<input type="radio"/> Interest in advance
Documentation	<input type="radio"/> Full doc	<input type="radio"/> Lo doc	<input type="radio"/> No doc	
Interest	<input type="radio"/> Variable	<input type="radio"/> Fixed	<input type="radio"/> Mixed	<input type="radio"/> Splits no:___
Repayment frequency	<input type="radio"/> Weekly	<input type="radio"/> Fortnightly	<input type="radio"/> Monthly	
Features	<input type="radio"/> Master limit	<input type="radio"/> Redraw facility	<input type="radio"/> Offset	<input type="radio"/> Additional payments
	<input type="radio"/> Cheque book	<input type="radio"/> Secure rate lock	<input type="radio"/> Internet banking	<input type="radio"/> Card access
	<input type="radio"/> Introductory rate			

Properties offered as security for the loan

Security property 1			
Appear on Title:			
Address			
Suburb			
State		Post code	
<input type="radio"/> Owner occupied		<input type="radio"/> Investment	
Property type			
<input type="radio"/> House/Villa <input type="radio"/> Unit <input type="radio"/> Townhouse <input type="radio"/> Vacant land			
Purchase price	or	Estimated market value	
\$		\$	
Contact details for access:			

Legal Representation

<input type="radio"/> Solicitor <input type="radio"/> Conveyancer			
Firm Name			
Contact Name			
Address			
Suburb		P code	
State		Mobile	
Phone		Fax	
Email			
Do you have a Will?			
Client 1		Client 2	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	

Initial:_____

Current credit/asset position

Description	Client 1	Client 2	Joint	Other	Est. market value (\$)	Existing liability (\$)	Lender	Loan Type	Interest (%pa)	Repayment amount (\$)	Freq.	Retain
Home or principal residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Home contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Motor vehicle 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Motor vehicle 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Caravan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Boat / marine craft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Investment property #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Investment property #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Shares/Managed funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Cash at bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	N/A	N/A	N/A		N/A	N/A	<input type="checkbox"/>
Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	N/A	N/A	N/A		N/A	N/A	<input type="checkbox"/>
Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	N/A	N/A	N/A		N/A	N/A	<input type="checkbox"/>
Credit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Credit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$				\$		<input type="checkbox"/>
Total					\$	\$				\$		
Notes:												

Initial: _____

Current insurance details

Should circumstances e.g. sickness, accident, permanent disability or death, prevent you from earning an income, do you have any of the following insurance policies which would help to meet repayments or payout the debt?

Insurance policies	Client 1	Amount	Client 2	Amount
Life cover	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	\$	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	\$
TPD cover	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	\$	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	\$
Crisis cover	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	\$	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	\$
Income protection	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	\$	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	\$
Insurance review	Client 1	Client 2		
Would you like a qualified financial planner to review your insurance needs?	<input type="radio"/> Yes <input type="radio"/> No, I will organise my own financial planner.	<input type="radio"/> Yes <input type="radio"/> No, I will organise my own financial planner.		
NOTE:				

Authority to access information

To whom it may concern

This letter gives you authority to release any relevant information or documentation on my investments, insurances, superannuation, bank accounts or other financial information to the broker or staff of the practice listed below. The original of this authority is on file at the office of the broker and is available if required.

Name			
	Champion Broker Or Representative of Champion Broker		
Address	5/8 Royal St, Kenwick, WA 6107		
	Authorised representative of Grameen Pty Ltd		
	Grameen Pty Ltd Trading as Champion Broker ACN 168 621 896 ACL 497227		
Signature			
Phone/Mobile		Fax	
Email			

Please send documentation to this office by: Fax Email Post

This authority remains in force until withdrawn in writing by me.

Client 1:		Client 2:	
Name		Name	
Date of Birth		Date of Birth	
Signature		Signature	
Date		Date	

Postal Address: