

FACT FIND

This information is required by legislation to ensure that we assess your needs to make sure your lending is "responsible". It will initially be used to advise on your circumstances and then to complete a loan application (with your consent) so please take the time to include all details. For any questions, please call us on 0437 030 828 . You can email the form back to info@ballisticfinance.com.au or by fax on 08 9367 8034.

A. YOUR PERSONAL DETAILS - APPLICANT 1

Borrower Guarantor Mr Mrs Ms
 Surname
 First Name Middle Name
 Date of Birth (DOB) Driver Licence Number
 Marital Status No. of Dependents & Their Ages
 Mother's Maiden Name Citizenship
 Nearest Relative **not** Living With You (Name & Relationship)
 Nearest Relative Address & Phone Number

A. YOUR PERSONAL DETAILS - APPLICANT 2

Borrower Guarantor Mr Mrs Ms
 Surname
 First Name Middle Name
 Date of Birth (DOB) Driver Licence Number
 Marital Status No. of Dependents & Their Ages
 Mother's Maiden Name Citizenship
 Nearest Relative **not** Living With You (Name & Relationship)
 Nearest Relative Address & Phone Number

B. YOUR ADDRESS DETAILS - APPLICANT 1

Current Residential Address

 Current Residential Address Status
 own mortgaged renting boarding other
 Years/Months at Address Rent Paid \$ pw
 Home Phone Mobile
 Work Phone
 Email Address
Previous Residential Address (if less than 3 years at current)

 Length of Time at Previous Address (years)

B. YOUR ADDRESS DETAILS - APPLICANT 2

Current Residential Address

 Current Residential Address Status
 own mortgaged renting boarding other
 Years/Months at Address Rent Paid \$ pw
 Home Phone Mobile
 Work Phone
 Email Address
Previous Residential Address (if less than 3 years at current)

 Length of Time at Previous Address (years)

C. YOUR EMPLOYMENT DETAILS - APPLICANT 1

Current Employment
 PAYG Self-employed Contract FT PT Casual
 Occupation Employer Business Name
 Employer Address
 Employer Contact Person Employer Phone Number
 Gross Salary/Wage/Income (annual) Start Date Current Employment
Previous Employment (if in current for less than 3 years)
 Occupation Employer Business Name
 Start Date Previous Employment End Date Previous Employment
Other Income (pension/DSS/child maintenance/scholarship)
 Gross Other Income (annual) Other Income Source

C. YOUR EMPLOYMENT DETAILS - APPLICANT 2

Current Employment
 PAYG Self-employed Contract FT PT Casual
 Occupation Employer Business Name
 Employer Address
 Employer Contact Person Employer Phone Number
 Gross Salary/Wage/Income (annual) Start Date Current Employment
Previous Employment (if in current for less than 3 years)
 Occupation Employer Business Name
 Start Date Previous Employment End Date Previous Employment
Other Income (pension/DSS/child maintenance/scholarship)
 Gross Other Income (annual) Other Income Source

D. YOUR ASSETS –WHAT YOU OWN (ALL APPLICANTS)

Real Estate	Address	Rental Income	Ownership	Estimated Value
Home			<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Co/Trust	\$
Inv 1		\$ pw	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Co/Trust	\$
Inv 2		\$ pw	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Co/Trust	\$
Inv 3		\$ pw	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Co/Trust	\$
Inv 4		\$ pw	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Co/Trust	\$

Other	Make	Model	Year	Ownership	Estimated Value
Vehicle 1				<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Co/Trust	\$
Vehicle 2				<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Co/Trust	\$
Vehicle 3				<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Co/Trust	\$
Home Contents	Investment Income (Annual)			<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Shares/ Investment				<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Co/Trust	\$

Savings	Account Number	Bank	Ownership	Estimated Value
Savings 1			<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Savings 2			<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Savings 3			<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Super			<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Super			<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$

E. YOUR LIABILITIES – WHAT YOU OWE (ALL APPLICANTS)

Home Loans	Lender/Bank	Limit	Int. Rate	Current Balance	Repayment	Ownership	Ref
Home		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>
Inv 1		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>
Inv 2		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>
Inv 3		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>
Inv 4		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>

Other Loans	Lender/Bank	Limit	Int. Rate	Current Balance	Repayment	Ownership	Ref
		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>
		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>
		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>
		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>

Credit/Store Cards	Bank Name	Limit	Int. Rate	Current Balance	Repayment	Ownership	Ref
Bank 1		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>
Bank 2		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>
Bank 3		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>
Bank 4		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>
Bank 5		\$	%	\$	pm	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Co/Tr	<input type="checkbox"/>

F. YOUR EXPENSES (ALL APPLICANTS)

Basic Living Expenses	\$		Childcare Expenses	\$		Phone/Internet/Pay TV	\$	
Insurance Expense	\$		Education Expenses	\$		Other Expenses	\$	

G. YOUR REQUIREMENTS & OBJECTIVES

Please state primary reasons for seeking credit or the reasons for a review of an existing contract

What is the nature of your next property transaction?

Are you entitled to the First Home Owners Grant?
 How long will you keep the property?
 What is the estimate purchase price?
 Estimate rental income per week (if investment)?
 Address of property (if known)
 What level of savings/equity do you have for a deposit?
 Can you show 5% of the purchase price in savings over a 3 month period?

Purchase Investment /Home/ Refinance

Yes No

Yes No

H. DESIRED LOAN FEATURES

Features	✓	Features	✓	Features	✓
Variable Rate	<input type="checkbox"/>	Interest Only	<input type="checkbox"/>	Re-draw	<input type="checkbox"/>
Fixed Rate	<input type="checkbox"/>	Offset Account	<input type="checkbox"/>	Line of Credit	<input type="checkbox"/>
Mixed: Fixed & Variable	<input type="checkbox"/>	Loan Variations	<input type="checkbox"/>	Additional Payments	<input type="checkbox"/>
Multiple Account Splits	<input type="checkbox"/>	Internet Banking	<input type="checkbox"/>	Portability	<input type="checkbox"/>

I. YOUR FINANCIAL SECURITY

	APPLICANT 1	APPLICANT 2
Have you ever had any financial judgments or legal proceedings against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you having difficulty meeting your financial commitments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any existing debts currently in arrears?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you concerned about rising interest rates? How concerned are you? If Yes , please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect any significant changes to your financial situation in the foreseeable future that would ADVERSELY impact your ability to meet your commitments? How do you expect to meet your commitments? Please comment below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you approached any lenders or other finance brokers in relation to your proposed application? If yes - please comment below

K. PROTECTING LIFESTYLE AND ASSETS

	APPLICANT 1	APPLICANT 2
Have you reviewed your personal risk insurance requirements in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have sufficient life insurance to cover, as a minimum, your existing and proposed debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your income reduces, due to illness or injury, do you have the insurance to cover your loan repayments and living costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
We have an in house financial planner who can review your needs and provide affordable, tax effective insurance recommendations to protect you and your family. This is an obligation free service for Ballistic Finance customers. Would you like our financial planner to contact you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No