

Your Personal Information

The following information will assist in gaining a brief overview of your current situation. Please enter your details and information below and email to us prior to our meeting.

			Date:	
How did you hear about Soliman Finance?				
Your Requirements and Objectives				
What are your main reasons for wanting your loan?				
Amount of loan sought: Term	of credit sought:	years		
Preferred Loan Features		Yes	No	Not Essential
Pay off quickly / Additional payments				
It is important that the loan is paid off quickly and that ac	lditional payments are allowed.			
Ability to split loan				
It is important to have more than one loan sub account/s.				
Construction				
It is important to have funds available to build or renovate	e a property.			
Redraw Facility				
It is important to have access to any additional payments	that have been made.			
Offset Facility				
It is important to be able to use a separate account to hel	p reduce costs.			
Line of Credit				
It is important to have a revolving facility that allows you Internet or Cheque.	to draw to a limit via EFTPOS, ATM,			
Ability to switch loans				
It is important to be able to move between fixed & variab	le & interest only & principal & Interest			
Portability / Transportable				
It is important to be able to change the security of the loa	n.			
Other features sought				
Additional information comments:				



Applicant 1 Informa	ation			Applicant 2 Info	ormation			
Full Name:				Full Name:				
Preferred First Name:				Preferred First Nan	ne:			
Gender:	Date of Birth	:		Gender:	Date	of Birth	:	
Address:			Postcode:	Address:				Postcode
Hama Dhama	Malaila Dhanas	N 4.	awital Ctatus	Llaws Dhana	N 4 = l= :1.	. Dl	N 4	awital Ctatura
Home Phone:	Mobile Phone:	IVI	arital Status:	Home Phone:	IVIODII	Phone:	IVI	arital Status
Email:				Email:				
Time at Current Addres		zenship:		Time at Current Ac			zenship:	
Years Current Residential Sta	Months			Years Current Residentia	Mon	tns		
Current Residential Sta	tus.			Current Residentia	ii Status.			
# of Dependents:	Ages:			# of Dependents:	Ages:			
Applicant 1 PAYG E	Employment			Applicant 2 PAY	G Employ	ment		
Employment Type:		Start Date:		Employment Type:			Start Date:	
Occupation:	Employe	r:		Occupation:		Employe	r:	
Address of Employer:			Postcode:	Address of Employ	/er:			Postcode:
Employer Contact Nam	e: Contact	Phone Numbe	er:	Employer Contact	Name:	Contact	Phone Numbe	er:
Employer Email Addres	ç.	Average Hou	rs ner week:	Employer Email Ac	dress:		Average Hou	rs ner week
Employer Email Address	3.	Average Hour	is per week.	Employer Email Ac	idiess.		Average riou	is per week
Previous Employment (I	f current emplo	vment less tha	n 2 vears)	Previous Employme	ent (If curre	nt emnlo	vment less tha	n 2 vears)
Employment Type:	r current emplo	Start Date:	iii 2 years)	Employment Type:	•	iit cilipio	Start Date:	iii 2 years,
Occupation:	Employe	r:		Occupation:		Employe	r:	
Address of Employer:			Post Code:	Address of Employ	/or:			Post Code:
Address of Employer.			Tost Code.	Address of Employ	/ei.			Tost Code.
Employer Contact Nam	ie: Contact	Phone Numbe	er:	Employer Contact	Name:	Contact	Phone Numbe	er:
Employer Email Addres	S:	Average Hou	rs per week:	Employer Email Ac	ddress:		Average Hou	rs per week



Applicant 1 Income In	formation			Applicant	2 Income I	nformation	ſ		
1. If a PAYG employee, fro	om your last 2 conse	ecutive F	Pay Slips:	1. If a PAYG	i employee, f	rom your las	t 2 conse	cutive I	Pay Slips:
Payslip 1	Year to Date Pays	slip 2	Year to Date		Payslip 1	Year to Date	e Payslip	2 Y	ear to Date
Frequency:				Frequency:					
Gross Pay:				Gross Pay:					
Bonus:				Bonus:					
Overtime:				Overtime:					
Commision:				Commision:					
2. If Self Employed as	:			2. If Self E	imployed a	s:			
Sole Trader	Partnership	Compa	any	Sole Tra	ader	Partnership		Comp	any
From your ATO Notice of	Assessment:	_		From your A	ATO Notice of	f Assessment	:		
Your Taxable Income Ju	ne			Your Taxab	le Income J	une			
Your Taxable Income Ju	ne			Your Taxab	le Income J	une			
Are your tax returns availa	able?			Are your tax	x returns avai	lable?			
Are you Registered for GS	ST?			Are you Reg	gistered for G	iST?			
Occupation:	Start D	ate:		Occupation	:		Start Da	ite:	
Business Name:		ABN:		Business Na	ime:			ABN:	
Contact Name:	Contact F	Phone N	umber:	Contact Na	me:	C	Contact Ph	none N	lumber:
Business Address:			Postcode:	Business Ad	ldress:				Postcode:
3. Other Income & Go	overnment Benef	its							
Applicant 1 Information				Applicant 2	Information				
Description:	Gross Amount:	Freque	ncy:	Description:		Gross Am	ount:	Freque	ency:



Real Estate								
						Owne	rship %	
Address:		Estimated V	/alue:	Rent ((pw):	Applic	ant 1:	Applicant 2:
Savings Accounts & Investments								
						ship %		
Institution:	Am	ount:	A	Applicant	: 1:	Applica	nt 2:	
Your Assets - What you own								
				Owner	ship %)		
Asset Description:	E	st. Value:	Appli	icant 1:	Applic	cant 2:		
Security Information								
What is the address of the property being used as security?:								

Contact Information for valuation if required:

What is the estimated value of the property being used as security?:



Liabilities - What y	ou owe						
Loans and Debts							
Type:	Lender:	Limit:	Balance:	Repayment Amounts:	Payment Frequency:	Interest Rate %	
Estimated Monthly	Living Expenses						
Child Maintenance:		per month	Rent:	per mo	month		
Education:		per month	Transport:	per mo	onth		
Entertainment:		per month	Utilities:	per mo	onth		
Food/Housekeeping:		per month	Other:	per mo	onth		
Insurance:		per month	Phone/Internet:	per mo	onth Total:		
Financial Security							
Yes, or th	ought about getting		financial planner rega No	rding your requirement	s or financial obje	ctives?	
If yes, provide details:							
Difficulty in Meeti	ng Financial Con	nmitments					
Have you had difficult Applicant 1: Y If yes, provide details:	es No	nancial commitme		s? ⁄es No			



Loan reatures
Preferred Interest Rate Type:
Fixed Rate Variable Rate Fixed and Variable Rate No Preference
Please note that should you choose to break a fixed term loan before expiry, lenders usually apply a break fee. This varies according to economic markets at the time of the break and can not be determined ahead of time.
Preferred Repayment Type:
Principle and Interest Interest Only in Advance Interest Only No Preference
Financial Judgements, Attachments or Legal Proceedings
Have there been or are there any judgements, attachments or legal proceedings against you?
Applicant 1: Yes No Applicant 2: Yes No
Change to Your Current Circumstances
Do you anticipate an increase in your expenses and/or liabilities over the next 12 months? (excluding this loan application)
Applicant 1: Yes No Applicant 2: Yes No
Do you anticipate a decrease in your income in the next 12 months?
Applicant 1: Yes No Applicant 2: Yes No
If you operate a business, do you anticipate a reduction in income, profit, cash flow during the next 12 months?
Applicant 1: Yes No N/A Applicant 2: Yes No N/A
If yes to any of the above, please specify details below and how you will continue to make repayments:



Protecting Your Lifestyle	
Do you feel that you have enough insurance to protect your lifestyle (eg. income protection, total/permanent disability Insuran critical illness etc.)?	ce,
Applicant 1: Yes No Applicant 2: Yes No	
How would your lifestyle needs be maintained if you or your partner were: • Temporarily unable to earn an income, for example through sickness/illness? • Permanently unable to earn income, for example through death/permanent disability?	
Lenders	
Are there Lenders you prefer?	
Are there Lenders you don't like?	
What is your biggest concern with regards to borrowing money?	
Anything else you think we should know?	
Thank You!	

If you need help obtaining and or emailing this information please contact:

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ACN: 068 259 683

Australian Credit License Number: 393407

Send to Tamer Soliman