



# CONSUMER CLIENT DATA COLLECTION

Date:

## APPLICANT 1

Surname: .....

First name: ..... Middle Name: .....

Are you renting: Yes No Rental Amount: .....

Agent Details: .....

Current Address: .....

Suburb: ..... Postcode: .....

Date moved in: .....

**Previous Address (if less than 3 years at above address):** .....

State: ..... Postcode: .....

How long at above Address: .....

**Postal Address:** .....

Suburb: ..... Postcode: .....

Date of Birth: .....

Driver's Licence No: ..... Expiry Date: .....

Date of Issue: ..... State: .....

Medicare Card No: ..... Expiry Date: .....

Mobile No: .....

Home Phone No: .....

Email: .....

No. of Dependants: ..... Ages: ..... M F

Name: ..... DOB: .....

Name: ..... DOB: .....

Name: ..... DOB: .....

Name: ..... DOB: .....

Smoker: ..... General Health: .....

## APPLICANT 2

Surname: .....

First name: ..... Middle Name: .....

Are you renting: Yes No Rental Amount: .....

Agent Details: .....

Current Address: .....

Suburb: ..... Postcode: .....

Date moved in: .....

**Previous Address (if less than 3 years at above address):** .....

State: ..... Postcode: .....

How long at above Address: .....

**Postal Address:** .....

Suburb: ..... Postcode: .....

Date of Birth: .....

Driver's Licence No: ..... Expiry Date: .....

Date of Issue: ..... State: .....

Medicare Card No: ..... Expiry Date: .....

Mobile No: .....

Home Phone No: .....

Email: .....

No. of Dependants: ..... Ages: ..... M F

Name: ..... DOB: .....

Name: ..... DOB: .....

Name: ..... DOB: .....

Name: ..... DOB: .....

Smoker: ..... General Health: .....

## HOME & CONTENTS INSURANCE DETAILS

Insurer: .....

Policy No: .....

Expiry Date: .....

## HOME & CONTENTS INSURANCE DETAILS

Insurer: .....

Policy No: .....

Expiry Date: .....

## CURRENT EMPLOYMENT

Occupation:.....  
Name of Employer:.....  
Employer Address: .....,.....  
.....  
Phone No:..... Start Date:.....

## CURRENT EMPLOYMENT

Occupation:.....  
Name of Employer:.....  
Employer Address: .....,.....  
.....  
Phone No:..... Start Date:.....

## PREVIOUS EMPLOYMENT

Occupation:.....  
Name of Employer:.....  
Employer Address: .....,.....  
.....  
Phone No:..... Start Date:.....

## PREVIOUS EMPLOYMENT

Occupation:.....  
Name of Employer:.....  
Employer Address: .....,.....  
.....  
Phone No:..... Start Date:.....

## NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU.

.....  
.....  
Relationship:..... Phone:.....

## NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU.

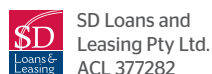
.....  
.....  
Relationship:..... Phone:.....

## ACCOUNT DETAILS

BSB: .....,.....  
Account Number: .....,.....  
Financial Institution: .....,.....  
Branch: .....,.....  
**Have you ever been bankrupt or have adverse credit history?**  
 YES  NO  
**Details of adverse credit history**  
Date: .....,.....  
Amount: .....,.....  
Circumstances:  Paid  Unpaid.

## ACCOUNT DETAILS

BSB: .....,.....  
Account Number: .....,.....  
Financial Institution: .....,.....  
Branch: .....,.....  
**Have you ever been bankrupt or have adverse credit history?**  
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**Details of adverse credit history**  
Date: .....,.....  
Amount: .....,.....  
Circumstances:  Paid  Unpaid.



SD Loans and Leasing Pty Ltd.  
ACL 377282



SD Insurance Brokers Pty Ltd Corporate  
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of Community Broker Network Pty Ltd  
AFSL 233750



SD Life Wealth Corporate  
Authorised Representative 449880  
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AFSL 238429



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