

## Confidential Client Profile

Questions with asterisk (\*) are compulsory to answer.

### Client 1

Title	First name	Middle name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred name	Work phone	Mobile phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Preferred contact method (Please specify)			<input type="text"/>
Email address <input type="text"/>			
Date of birth	<input type="text"/>	Citizenship	<input type="text"/>
Marital status (Please specify)			<input type="text"/>
Are you a first home buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Age of dependents (if any)			<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>

### Client 2

Title	First name	Middle name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred name	Work Phone	Mobile Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Preferred contact method(Please specify)			<input type="text"/>
Email address <input type="text"/>			
Date of birth	<input type="text"/>	Citizenship	<input type="text"/>
Marital status(Please specify)			<input type="text"/>
Are you a first home buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Age of dependents(if any)			<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>

### \*Address Details

Current address

Date moved in  ☐ Own home ☐ Renting, please specify \$  week

### Previous Address Details (Required if less than three years at current address. If not, please ignore)

Previous address <input type="text"/>	Previous address <input type="text"/>
<input type="text"/>	<input type="text"/>
Date moved in <input type="text"/>	Date moved out <input type="text"/>
<input type="text"/>	<input type="text"/>

### \*Employment Details

<p>Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed</p> <p>Current position <input type="text"/></p> <p>Annual income <input type="text"/> Company name <input type="text"/></p> <p>\$ <input type="text"/> <input type="text"/></p> <p>Address <input type="text"/></p> <p>Employment phone <input type="text"/></p> <p>Start date <input type="text"/></p>	<p>Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed</p> <p>Current position <input type="text"/></p> <p>Annual income <input type="text"/> Company name <input type="text"/></p> <p>\$ <input type="text"/> <input type="text"/></p> <p>Address <input type="text"/></p> <p>Employment phone <input type="text"/></p> <p>Start date <input type="text"/></p>
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**Previous Employment(If less than 3 years with current employer. If not, please ignore)**

Previous position			Previous position		
Date started	Date left	Employment phone	Date started	Date left	Employment phone
Previous company name			Previous company name		
Address			Address		

**\*Property Assets (Please indicate all the owned properties. If more than 6 properties, please copy this page and attach. If you have mortgage under this property, please state the details as follow.)**

Property address	Value	Rental income (weekly)	Lender	Rate	Monthly repayment	Mortgage balance
1)						
2)						
3)						
4)						
5)						
6)						

**\*Liabilities (E.g., Car Loan, Credit Card, Afterpay)**

**Please indicate the borrower by using 1 to refer to applicant 1, 2 to refer to applicant 2**

Liabilities	Account detail	Lending institution	Borrower	Monthly repayment	Balance
1)					
2)					
3)					
4)					
5)					
6)					
7)					

**\*Liquid Assets (E.g. Savings, Superannuation, Home Contents, Motor vehicle)**

Assets	Ownership	BSB & Account number	Value
1)			
2)			
3)			
4)			
5)			

**\*Identification**

Driver Licence number	Date of issue	Date of expiry	Driver Licence number	Date of issue	Date of expiry
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medicare card number	Date of expiry	Number of people	Medicare card number	Date of expiry	Number of people
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number	Date of issue	Date of expiry	Passport number	Date of issue	Date of expiry
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**\*Additional information**

HECS or Student Loan balance

Do you have any private health insurance? \* ☐ Yes ☐ No

Do you have any concerns or inquiries? Please state if any.

**Family Member or Friend Not Living with you**

Name  Contact number  Relationship

**Thank you for taking the time to complete this form**

Please return via email

**Yongxin Finance**

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