



CONSUMER CLIENT DATA COLLECTION



DATE:

APPLICANT 1

APPLICANT 2

Surname:
First name: Middle Name:
Are you renting: ☐Yes ☐No Rental Amount:
Agent Details:
Current Address:
.....
State: Postcode:
Date moved in:
Previous Address (if less than 3 years at above address):
.....
State: Postcode:
How long at above Address:
Postal Address:
.....
State: 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:
Name: DOB:
Name: DOB:
Name: DOB:
Name: DOB:
Smoker: General Health:

Surname:
First name: Middle Name:
Are you renting: ☐Yes ☐No Rental Amount:
Agent Details:
Current Address:
.....
State: Postcode:
Date moved in:
Previous Address (if less than 3 years at above address):
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How long at above Address:
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Medicare Card No: Expiry Date:
Mobile No:
Home Phone No:
Email:
No. of Dependants: Ages:
Name: DOB:
Name: DOB:
Name: DOB:
Name: DOB:
Smoker: General Health:

HOME & CONTENTS INSURANCE DETAILS

HOME & CONTENTS INSURANCE DETAILS

Insurer:
Policy No:
Expiry Date:

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?
☐ YES ☐ NO
Details of adverse credit history
Date:
Amount:
Circumstances: ☐ Paid ☐ Unpaid.