

**General Info**

<b>Client Name 1:</b>		Date of Birth:
<b>Client name 2</b> (if applicable):		Date of Birth:
Main contact number for _____ home/mobile/work:		
Email:		
Address:		
		Post Code:
Number of Dependants under 18 years:		
<b>Client 1 - Occupation:</b>		<b>Client 2 - Occupation:</b>
Employer:		Employer:
If less than 3 yrs please give details of previous employer:		If less than 3 yrs please give details of previous employer:
Income (Monthly Gross):		Income (Monthly Gross):
Other income (monthly - rent, overtime etc):		Other income (monthly - rent, overtime etc):

**Assets and Liabilities**

Category	Description	Estimated Current Value (\$)	Current Lender	Amount Outstanding	Monthly Payments	Original Loan Value/Credit Limit
Property						
Superannuation						
Savings						
Other Assets						
Personal Loans						
Credit/Store Cards						
Other Liabilities						
<b>TOTAL</b>						

Please let us know if you would like your situation reviewed to (please tick):

- Get a more competitive rate
- Obtain more funds to \_\_\_\_\_
- Reduce monthly payments

Thank-you. Please fax this form to 03 9682 8766 email to [info@promoney.com.au](mailto:info@promoney.com.au) or post to Pro Money Management, P O Box 91 South Melbourne, Vic 3205, and we will be in contact with you within 7 days of receipt of this information.