



CLIENT INFORMATION FORM

CLIENT 1	CLIENT 2
Title:	Title:
Full name:	Full name:
Salutation:	Salutation:
Date of birth:	Date of birth:
Marital status:	Marital status:

CHILDREN		
Name:	Date of birth:	Gender:

ADDRESS DETAILS	
Home Address:	Home Address:
Mail Address:	Mail Address:

CONTACT INFORMATION	
Home Phone:	Home Phone:
Business Phone:	Business Phone:
Business Fax:	Business Fax:
Mobile Phone:	Mobile Phone:
Email Address:	Email Address:



WORK	
Occupation:	Occupation:
Employer:	Employer:
Status:	Status:
Gross Income:	Gross Income:
Working for Families: Yes / No	Working for Families: Yes / No

CURRENT ASSETS

PROPERTY			
Address:	Current Value:	Rental:	Rent Per Week:
1.	\$	Y / N	\$
2.	\$	Y / N	\$
3.	\$	Y / N	\$
4.	\$	Y / N	\$

MORTGAGE					
Address:	Amount:	Lender:	Interest Rate:	Fixed or Floating:	Fixed Until When:
1.	\$				
2.	\$				
3.	\$				
4.	\$				

Revolving Credit Facility	Amount: \$	Balance Owing: \$
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OTHER LOANS		
Hire Purchase:	Balance: \$	Repayments: \$
Hire Purchase:	Balance: \$	Repayments: \$
Personal Loans:	Balance: \$	Repayments: \$
Student Loan:	Balance: \$	Repayments: \$



CREDIT CARDS

Type:	Limit:	Amount Owing:
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$

OTHER FUNDS

Amount:	Deposited with:	Deposit Type (e.g Bank, Shares)
\$		
\$		
\$		

OTHER ADVISERS

	Name:	Company:	Phone Number:
Solicitor			
Accountant			

CURRENT BANK

CURRENT ADVISERS

Life Insurance:	
General Insurance: (House & Contents etc)	
Mortgages	



GOALS AND ASPIRATIONS

OTHER INFORMATION

HOW DID YOU HEAR ABOUT US?

SCOPE OF SERVICES

My advice revolves solely around investment property. If advice is needed in areas like insurance, shares, fixed interest and any other investment I refer my clients to an appropriate specialist.

My remuneration is clearly documented with my Service Agreement.

CLIENT ACKNOWLEDGEMENT (To be completed by the client)

I / We understand the services being provided are restricted to the scope of service indicated above. The services are not, and should not, be taken to be taxation or legal advice.

How often would you like your needs and objectives reviewed? Six monthly / Yearly

CLIENT 1 - NAME:

CLIENT 1 - SIGNATURE:

Date:

CLIENT 2 - NAME:

CLIENT 2 - SIGNATURE:

Date:



*Darn
good
bloke!*

Wayne Densem
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