

PMG Servicing Form

Date: ____ / ____ / ____ How Did You Hear About Us? _____

Personal Details

	Applicant 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Applicant 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other
Full Name (Including middle name)		
Home Phone		
Mobile Phone		
Work Phone		
Email Address		
Date of Birth	____ / ____ / ____	____ / ____ / ____
Drivers Licence No & Expiry	____ / ____	____ / ____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto
Dependent Children & Age	Child 1 Child 2 Child 3 Child 4	Child 1 Child 2 Child 3 Child 4
Current Residential Address	St. No Street	St. No Street
	Suburb State P/C	Suburb State P/C
Own Home / Renting / Other	<input type="checkbox"/> Own Weekly Rent \$ <input type="checkbox"/> With Parents	<input type="checkbox"/> Own Weekly Rent \$ <input type="checkbox"/> With Parents

Employment History

Employment Type	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	<input type="checkbox"/> Casual <input type="checkbox"/> Self Employed	<input type="checkbox"/> Casual <input type="checkbox"/> Self Employed
Occupation/Job Title	Start Date: ____ / ____ / ____	Start Date: ____ / ____ / ____
Employer Name		
Employer Contact	Contact Person:	Contact Person:
	Contact Phone:	Contact Phone:
Employer Address	St. No Street	St. No Street
	Suburb State P/C	Suburb State P/C

Loan Details

Loan amount \$
 Security Value \$
 PI or IO:
 Purchase or Refinance:
 Investment or Owner occupied loan:

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Annual Income

Applicant 1

Gross Base Income	\$
Commission	\$
Pension (type)	\$
Overtime/Shift Allowance	\$
Bonus	\$
Self employed/accessible income	\$
Rental Income	\$
Other income	\$
COMBINED TOTAL	\$ 0

Applicant 2

Gross Base Income	\$
Commission	\$
Pension (type)	\$
Overtime/Shift Allowance	\$
Bonus	\$
Self employed/accessible income	\$
Rental Income	\$
Other income	\$
COMBINED TOTAL	\$ 0

Monthly Living Expenses

Provide a breakdown of the household living expenses into the below categories. Every field requires completion, if not applicable answer N/A.

	Monthly Payment	Borrower		
Housing & Property Expenses (incl utilities)	\$	<input type="checkbox"/> App 1	<input type="checkbox"/> App 2	<input type="checkbox"/> Joint
Investment Property Expenses (incl utilities)	\$	<input type="checkbox"/> App 1	<input type="checkbox"/> App 2	<input type="checkbox"/> Joint
Communications & Media	\$	<input type="checkbox"/> App 1	<input type="checkbox"/> App 2	<input type="checkbox"/> Joint
Food & Groceries	\$	<input type="checkbox"/> App 1	<input type="checkbox"/> App 2	<input type="checkbox"/> Joint
Recreation & Entertainment	\$	<input type="checkbox"/> App 1	<input type="checkbox"/> App 2	<input type="checkbox"/> Joint
Clothing & Personal Care	\$	<input type="checkbox"/> App 1	<input type="checkbox"/> App 2	<input type="checkbox"/> Joint
Medical & Health	\$	<input type="checkbox"/> App 1	<input type="checkbox"/> App 2	<input type="checkbox"/> Joint
Transport	\$	<input type="checkbox"/> App 1	<input type="checkbox"/> App 2	<input type="checkbox"/> Joint
Education & Chilcare	\$	<input type="checkbox"/> App 1	<input type="checkbox"/> App 2	<input type="checkbox"/> Joint
Insurance	\$	<input type="checkbox"/> App 1	<input type="checkbox"/> App 2	<input type="checkbox"/> Joint
Other (Please Specify)	\$	<input type="checkbox"/> App 1	<input type="checkbox"/> App 2	<input type="checkbox"/> Joint
TOTAL	\$ 0			

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Assets

	Address	State	Postcode	Inv or O/Occ	Value	Share %
Property 1					\$	
Property 2					\$	
Property 3					\$	

	Make	Model	Year	Value	Share %
Vehicle 1				\$	
Vehicle 2				\$	

House Contents			\$	
Shares / Others/ Detail			\$	

	Bank	Branch	Value	Share %
Savings 1			\$	
Savings 2			\$	
Other (gifts, termination payments) Provide Details			\$	
Superannuation			\$	
Misc. (Trade Tools, Boat, etc)			\$	
TOTAL ASSETS			\$ 0	

Liabilities

	Lender/Type	Secured by property # as per assets above	Limit	Int. rate	Total owing	Monthly Payment	Interest Only Yes	To be paid out Yes
Mortgage 1			\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage 2			\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage 3			\$		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Personal Loans/ Leases/ Overdrafts/ Hire Purchases			\$		\$	\$		<input type="checkbox"/>
			\$		\$	\$		<input type="checkbox"/>
			\$		\$	\$		<input type="checkbox"/>
Credit Cards/ Retail Store Cards			\$		\$	\$		<input type="checkbox"/>
			\$		\$	\$		<input type="checkbox"/>
			\$		\$	\$		<input type="checkbox"/>
Other (rent/ board/child maintenance / HECS etc			\$		\$	\$		<input type="checkbox"/>
			\$		\$	\$		<input type="checkbox"/>
Are you a guarantor for any other loan?			\$		\$	\$		<input type="checkbox"/>
TOTAL LIABILITIES			\$ 0		\$ 0	\$ 0		

Yes No