



Central Finance & Investments Ltd

**Central Finance &
Investments Non-
Government Foundation**
E: cfilttd@protonmail.com
W: www.cfilttd.weebly.com

Confidential Client Application

(Clause 2)

The information contained within this application is private and Confidential and intended only for the purpose of compiling your financial plan. This information will not be disclosed to any unauthorised person, company or other organisation unless approved in writing by the client.

Clients Names : _____ Ph: _____

Address : _____

Financial Planner : _____ Ph: _____

Manager: _____ Date: _____

Referral : _____

OFFICE USE ONLY

Combined Net Income	
Total Exp/Insurances	
Total Liabilities	
Property Value	
L.V.R	
L.R.R	
LOC	
Bank Est. Fees	
Additional Funds	
Client Code	A

PERSONAL DETAILS	CLIENT	PARTNER
Given Names		
Surname		
Address		
Post Code		
How long at this address?		
Address if less than 3 years		
Telephone (H)		
Telephone (W)		
Mobile Phone		
E-mail Address		
IRD Number		
Date of Birth		

Children/Dependants Name	Date of Birth	Sex M/F	School

EMPLOYMENT	CLIENT	PARTNER
Occupation		
Name and Address of Business OR Employer		
How many years there OR trading?		
Previous employers name and address if less than 3 years		
How many years there OR trading?		
Self Employed, How Structured?		

NOTE: Only Self Employed to fill in below details

ACCOUNTANT DETAILS	Telephone:	Fax:
Name		
Company		
Address		

NET INCOME	DESCRIPTION	CLIENT	PARTNER
*Salary (net annual)			
*Other Net Income			
*Investment Net Income			
*Non-Taxable Income			
*Family Net Payments			

ALL BALANCES MUST EXCLUDE TAX AND ALL PRINTING
MUST BE WRITTEN IN BLACK PEN AND IN CAPITAL LETTERS.

Combined	\$
Less Tax	\$
Net Income	\$

OFFICE USE ONLY

ASSETS	DESCRIPTION			CURRENT VALUE	ANY INCOME P.A?
Family Home					
Home Value Base Upon ✓	Govt Val	Reg Val	How Old is Valuation?	How Old is House?	
Bank Savings A/cs					
Fixed Deposits					
Bank Cheque A/cs					
Motor Vehicle 1					
Motor Vehicle 2					
Motor Vehicle 3					
Motor Vehicle 4					
Property 2					
Property 3					
Home Contents					
Collectables					
Shares					
Managed Funds					
Life/Super Policies (cash value)					
Business Interests					
Caravan/Boat					
Holiday/Time Share					
Inheritance					
Other					
Other					

LIABILITIES

HOME LOANS

(A)

REF	BANK & BRANCH	YEARLY AMOUNT	YEARS REMAINING	INTEREST RATE %	VARIABLE OR FIXED	BALANCE OF FIXED TERM REMAINING	TODAYS SETTLEMENT BALANCE
1 st Mort							
Other Fee		Please provide the early repayment fee for the fixed term mortgage or loan authorised from the Bank.					
2 nd Mort							
3 rd Mort							
Other Mort							
Other Mort							

Settlement balance must be confirmed by bank statement.

OTHER LOANS

(B)

REF	FINANCE CO/BANK BRANCH	TELEPHONE NO.	YEARLY PAYMENT	YEARS REMAINING	INTEREST RATE %	TODAYS PAY OUT BALANCE
Pers. Loan						
Car Loan						
Invest Loan						
Store Card						
Tax Bills						
Student Loan						

MINIMUM INTEREST REPAYMENTS

©

REF	IDENTIFY	CARD LIMIT (\$)	INTEREST RATE %	TERM	SETTLEMENT BALANCE
Credit Card 1					
Credit Card 2					
Credit Card 3					
Credit Card 4					
Overdraft					
Other					
Other					

ANY FURTHER FUNDING REQUIREMENTS THIS APPLICATION

(D)

PURPOSE	AMOUNT
GRAND TOTAL (A)+(B)+(C)+(D)	\$

PERSONAL EXPENSES	WEEKLY AMOUNT x 52	MONTHLY AMOUNT x 12	= YEARLY TOTAL
Alcohol / Tobacco			
Animal / Vet / Registration Expenses			
Bank / Credit Card Fees			
Business /Investment Expenses			
Car 1 Insurance / AA			
Car 1 Petrol / Diesel / Oil			
Car 1 Registration / WOF/ RUC			
Car 1 Service / Repairs / Tyres			
Car 2 Insurance / AA			
Car 2 Petrol / Diesel / Oil			
Car 2 Registration / WOF/ RUC			
Car 2 Service / Repairs / Tyres			
Child Minding / Support			
Church Giving / Charitable/ Donations			
Clothes & Footwear			
CFI Annual Review Fee			
Dental / Optical			
Electricity / Natural Gas / Gas Bottles			
Entertainment / Lifestyle			
Food / Supermarket Groceries			
Gifts / Lotto / Gambling			
Hair Care / Cosmetics / Beauty			
Holidays / Travel Exp / Accommodation			
General House / Contents Insurance			
House Land / Water Rates / Council			
House Repair & Maintenance			
Insurance Life / Health / Accident / Income			
Legal / Accountant Expenses			
Medical / Prescription Exp			
Newspapers / Magazines			
Rubbish Collection / Garden Bags			
Alarm / Security Monitoring			
School / Uniforms / Stationery			
Sky Television / Paid Subscriptions			
Subscriptions / Recreation / Sport / Gym			
Telephone / Mobile / Internet / VOIP			
Union Fees / Other Wage Deductions			

Total (E)

Combined Insurances/Superannuation (G) + (H)

GRAND TOTAL (E)+(F)+(G)+(H)

***The above expenses exclude mortgages and loans**

BUSINESS EXPENSES	WEEKLY AMOUNT x 52	MONTHLY AMOUNT x 12	= YEARLY TOTAL
Advertising / Promotional			
Bus / Train / Plane / Transport Costs			
Business (Loans) 1			
Business (Loans) 2			
Business Bank Charges			
Business Entertainment / Recreation			
Business Vehicle Petrol / Oil			
Business Vehicle Registration / WOF / RUC			
Business Vehicle Service / Repairs			
Club / Sport / RSA / Fees			
Communication / Telephone / Mobile /			
Drawings / Wages / Salary / Commissions			
Electricity / Natural Gas / Gas Bottles			
Equipment Hire / Leases			
General Business / Plant / Contents / Ins.			
Hobbies / Crafts			
Holidays / Travel Exp / Accommodation			
Homeowners (renters) Insurance			
House Land / Water Rates / Council			
Insurance Life / Health / Accident / Income			
IRD / Tax Payments			
Major Business Purchases			
Medical / Prescription Exp			
Miscellaneous			
Newspapers / Magazines			
Office Rent / Leases / Hire			
Other			
Petty Cash / Pocket Money / Savings			
Professional Legal / Accountant Expenses			
Rent / Board			
Repairs / Maintenance			
Rubbish Collection / Garden Bags			
Sky Television / Website Subscriptions			
Stationery / Postage / Office Expenses			
Sub-Contractors Payments			
Training / Courses / Education			
Uniforms			
Union Fees / Other Wage Deductions			
		Total (F)	
		Combined Total Expenses (E)+(F)	

***The above expenses exclude mortgages and loans**

Do you expect any major changes in the foreseeable future in your employment, income, housing or family situation that may impact on our planning process? Please provide details.

Details

Amount

Dates

Do you expect to receive any lump sum payments such as inheritance, accident compensation or proceeds from sale of assets? Please provide details.

Details

Amount

Dates

Have you planned any major expenditure in the foreseeable future? Please provide details.

Details

Amount

Dates

DO YOU HAVE ANY SUPERANNUATION?	NAME OF FUND MANAGER	CLIENT YEARLY CONTRIBUTION	PARTNER YEARLY CONTRIBUTION
Employer 1.			
OR 2.	Kiwi Saver		
Self Employed 1.			
OR 2			
Other 1.			
TOTAL YEARLY CONTRIBUTIONS (G)			

RISK MANAGEMENT

(What Current Insurances do you have?)

CURRENT INSURANCES	TYPE: LIFE, INCOME, TRAUMA	INSURANCE COMPANY	COVER AMOUNT	LIFE OR TERM	PREMIUM YEARLY COST
Client					
Partner					
(H)				COMBINED YEARLY COST	\$

LIFE COVER

To calculate the amount of life cover you need there are two things to consider.

1. What is the amount needed to clear all debts \$ _____
2. What is the amount of replacement yearly income required _____

for the survivor over the next 10 years (income x 10 =) \$ _____

Do you wish to continue with your current life insurance? Yes / No

INCOME PROTECTION COVER

Income cover is required to replace lost income over lengthy periods due to accident or sickness. The average maximum benefit is 75% of your current salary/income. Based on this limit how much of your salary would you want to protect?

CLIENT _____ \$

PARTNER _____ \$

TRAUMA/CRITICAL ILLNESS

Trauma cover is needed to provide lump sum cash benefits to pay expenses etc. You could be diagnosed as having one of a number of serious health problems such as cancer, heart disease, stroke, by pass surgery or other major organ disorders etc. Based on this criteria we would recommend a cover of at least \$50,000 each .

TICK I/We would like to take advantage of the following services:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | ACCOUNTANT OR SOLICITOR OR REGISTERED VALUATION |
| <input type="checkbox"/> | INSURANCES – HOME & CONTENTS, VEHICLE, EQUIPMENT |
| <input type="checkbox"/> | SETTING UP A NON-GOVERNMENT FOUNDATION |
| <input type="checkbox"/> | CREDIT EXCHANGE ECONOMIC TRADING SYSTEM |
| <input type="checkbox"/> | JOINT VENTURE |
| <input type="checkbox"/> | SYNDICATE HOME OWNERSHIP PROGRAM |
| <input type="checkbox"/> | COMMUNITY PROGRAMS |
| <input type="checkbox"/> | IWISAVER RETIREMENT SCHEME |
| <input type="checkbox"/> | ALTERNATIVE CROWD-FUNDING SOLUTIONS |
| <input type="checkbox"/> | NEW VEHICLE PURCHASE |
| <input type="checkbox"/> | PERSONAL LOANS & DEBT CONSOLIDATION |
| <input type="checkbox"/> | PROPERTY INVESTMENT |
| <input type="checkbox"/> | PROPERTY LIST & SELL / REAL ESTATE SALES |
| <input type="checkbox"/> | PROPERTY MANAGEMENT |
| <input type="checkbox"/> | RENT 2 OWN LEASE OPTION |
| <input type="checkbox"/> | TAX REFUNDS |

PROPERTY 2

NAME OF LAQC	
NAME OF TRUST	
ADDRESS OF PROPERTY	
OUTSTANDING LOAN AMOUNT	\$
VALUE OF PROPERTY	\$
RENTAL INCOME PER WEEK	\$
MANAGERS WEEKLY FEE	\$
ACCOUNTANT	<u>P/A</u>
ARC	<u>P/A</u>
BODY CORPORATE FEE	<u>P/A</u>
LAND RATES	<u>P/A</u>
PROPERTY INSURANCE	<u>P/A</u>
PROPERTY MAINTENANCE	<u>P/A</u>
RENTAL INSURANCE	<u>P/A</u>
WATER RATES	<u>P/A</u>

PROPERTY 3

NAME OF LAQC	
NAME OF TRUST	
ADDRESS OF PROPERTY	
OUTSTANDING LOAN AMOUNT	\$
VALUE OF PROPERTY	\$
RENTAL INCOME PER WEEK	\$
MANAGERS WEEKLY FEE	\$
ACCOUNTANT	<u>P/A</u>
ARC	<u>P/A</u>
BODY CORPORATE FEE	<u>P/A</u>
LAND RATES	<u>P/A</u>
PROPERTY INSURANCE	<u>P/A</u>
PROPERTY MAINTENANCE	<u>P/A</u>
RENTAL INSURANCE	<u>P/A</u>
WATER RATES	<u>P/A</u>

CLIENT AUTHORISATION SLIP

Central Finance & Investments Non-Government Foundation
Wealth Building & Smartsave Financial Solutions

Email: cfiltld@protonmail.com

Manukau City
AUCKLAND 2241.

Dear Sir/Madam

I/We authorise the above company to prepare a financial report on my/our behalf.

I/We understand that this report will be based solely on the information provided on this form and confirm that the information is correct to the best of my/our knowledge.

I/We further authorise any person to complete and furnish to you in regard to my/our outstanding accounts to assist your company to complete my/our report and if I/we meet the Central Finance & Investments Limited, qualifying criteria I/we authorise the above company to proceed and acquire bank approval from my/our existing lender or any suitable lender applicable at the time.

Yours faithfully

Name: _____

Name: _____

Address: _____

Ph: _____

Date: _____

Sign: _____

Sign: _____

QUALIFYING CRITERIA

TICK

- I/we have no less than \$80,000 Combined household income per year.
- I/we have equity in our existing property of no less than 30%.
- My/our credit history is excellent.
- I/we accept that I/we may have to change banks for a better package.

Criteria is based on the criteria of most lending societies and Banks.

CLIENT'S CHECK LIST

The following information will assist clients in qualifying for our Fast Track Home Loans Plan

During the preparation of your customised reduction plan would you kindly have the following information available for our mortgage managers to collect on their return or fax to (09) 476 8209. *MORE IS BETTER!*

1. INCOME

SALARY/WAGES

- Last three pay slips
 or Letter from employer
 or Last three years tax certificates

IF SELF EMPLOYED

- Balance sheets last three years
 or Tax certificates last three years
 or Accounts letter confirming gross profit

OTHER INCOME

- Boarder or Tenancy Agreement / Rental Appraisal or other investments - provide documentation
 IRD Family Assistance / Child Support / WINZ Letter of earnings / Part-Time Work / Commission

2. OTHER DOCUMENTS

- Trust Deed / LAQC Incorporated Certificate

3. PROPERTY

- New Purchase**
- Copy of sale and purchase agreement
- Investment / Refinance Home Loan**
- Registered Valuation
- Quotable Valuations or Rates Notice

4. STATEMENTS

- Personal Bank Statements / Loan History**
- Copies of last 6 - 12 months
- Hire Purchase / Loan / Credit Card Statements**
- Copies of recent statements
- Settlement Balances

5. CREDIT CARD APPLICATIONS

- New Registration Forms**
- Master / Visa Card Registration Forms

6. INSURANCE & SUPERANNUATION

- Insurances & Superannuation**
- House / Contents / Life / Car Policy / Accident
- Kiwi Saver Investment Statement/Application

7. IDENTIFICATION

- 2 Forms of personal Identification p.p.
Birth Cert., Licence, Passports, Marriage Cert.
Power, telephone bills.

8. BANK AUTHORITY

- Disbursement Authority Form
 Loan Authority & Declaration Form
 Declaration of Loan Purpose Form

The above information will only be required when you have decided to proceed to achieve the benefits and savings outlined in your plan.

Email: cfiltld@protonmail.com



Email: cfiltd@protonmail.com

ENTRY IN THE \$500 REFERRAL COMPETITION

Referrer Name: _____

Advisor Name: _____

Client Name: _____

Client Address: _____

HM Phone No's: _____ Mobile No: _____

Cut here

ENTRY IN THE \$500 REFERRAL COMPETITION

Referrer Name: _____

Advisor Name: _____

Client Name: _____

Client Address: _____

HM Phone No's: _____ Mobile No: _____

Cut here

ENTRY IN THE \$500 REFERRAL COMPETITION

Referrer Name: _____

Advisor Name: _____

Client Name: _____

Client Address: _____

HM Phone No's: _____ Mobile No: _____