

Financial Hardship Application & Declaration Form

Customer Name	
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Mobile Number	
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Reason for Financial Assistance	
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Please provide details explaining why you are unable to continue making your loan repayments.

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Please estimate your currently monthly expenses _____

How much do you feel you are able to pay towards your loan per month? _____

How long do you feel you will need before you are able to resume normal loan repayments? _____

How long do you feel you would require to bring your obligations up to date?

Have you appointed someone to act on your behalf in relation to this request? YES NO

If Yes, please complete the below fields:

Name: _____

Organisation: _____

Contact Number: _____

Email Address: _____

To assist the Bank in its consideration of my request, I consent to the Bank disclosing my personal information to nominated agent YES NO N/A

All information provided to the Bank in support of my request is accurate YES NO

I have read and understood the Bank's Privacy Policy YES NO

Customer Signature: _____

Date: _____

BANK'S INTERNAL USE

Date received: _____ Bank Officer: _____

Notes: _____

Officer's Signature: _____