

# Financial hardship: Application for contract variation

## How to lodge your application:

 bankvic.com.au

 13 63 73

 assist@bankvic.com.au

 Visit a branch

 GPO Box 2074, MELBOURNE VIC 3001

It is important that you provide us with documentation you think may assist us in assessing your request. Please attach these documents when you return this form.

### The following types of information may assist us in processing your request for assistance:

- evidence of income
- last two (2) payslips
- last two (2) statements from other financial organisations
- confirmation from CentreLink of current benefit paid or any other evidence of income
- current loan / credit card / store card statement/s from other financial organisations
- evidence of current insurance for any motor vehicle / property used as security for your BankVic loan/s (N/A if insured with CGU through BankVic)

### Please note the following information may also be required, dependent on circumstances, and we will notify you if this is the case:

- details of superannuation
- Separation Certificate (for redundancy)
- medical certificate/letter from your doctor

If there is insufficient space on the form, please feel free to attach additional information.

Under the National Consumer Credit Protection Act 2009 (Cth) we are authorised to collect, use and disclose your financial information, so that we may provide you with the assistance you are seeking in your current financial situation, needs and objectives. Although you are not obliged to provide this information, we can not provide you with the assistance without it. We collect, use and disclose this information to enable us to provide you with the products and services you have requested, newsletters and information about other products and services that may benefit you. To ensure the personal information we hold is accurate and current, we ask that you complete your details below. For further information about how we use, disclose and secure your personal information, please refer to our Privacy Policy which is available at bankvic.com.au/privacy and on request.

## A. Personal details of Applicant/s Please complete your details

### Applicant 1

Member No <small>(If applicable)</small>	<input type="text"/>
Title	<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>
Surname	<input type="text"/>
Given name/s	<input type="text"/>
No. of dependant/s	Age/s of dependant/s <input type="text"/>
Residential Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/> Commencement of residence <input type="text"/>
Current residential status	<input type="checkbox"/> Owned outright <input type="checkbox"/> Mortgage <input type="checkbox"/> Renting/boarding <input type="checkbox"/> Other <input type="text"/>
Mailing Address <small>(If different than above address)</small>	<input type="text"/> <input type="text"/>
Email	<input type="text"/>
Phone no	<input type="text"/>

### Applicant 2

Member No <small>(If applicable)</small>	<input type="text"/>
Title	<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>
Surname	<input type="text"/>
Given name/s	<input type="text"/>
No. of dependant/s	Age/s of dependant/s <input type="text"/>
Residential Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/> Commencement of residence <input type="text"/>
Current residential status	<input type="checkbox"/> Owned outright <input type="checkbox"/> Mortgage <input type="checkbox"/> Renting/boarding <input type="checkbox"/> Other <input type="text"/>
Mailing Address <small>(If different than above address)</small>	<input type="text"/> <input type="text"/>
Email	<input type="text"/>
Phone no	<input type="text"/>

## B. Employment details

### Applicant 1

Occupation	<input type="text"/>
	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual/Contract @ <input type="text"/>
	<input type="checkbox"/> Self employed <input type="checkbox"/> Other eg. retired, apprentice <input type="text"/>
Name of employer	<input type="text"/>
Employer phone No	<input type="text"/>

### Applicant 2

Occupation	<input type="text"/>
	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual/Contract @ <input type="text"/>
	<input type="checkbox"/> Self employed <input type="checkbox"/> Other eg. retired, apprentice <input type="text"/>
Name of employer	<input type="text"/>
Employer phone No	<input type="text"/>

## C. Your financial position

To enable us to assess your request, we need your current complete financial position. Therefore, please include the debts of Applicant 1 and the debts of Applicant 2 and any current loan either party may have guaranteed or hold jointly with another person, any arrears or current arrangements entered into.

### a. Income (Salary, after tax)

**Base salary**

Net - per  month  fortnight  week

Income Applicant 1 \$

Income Applicant 2 \$

**Other Income**

Regular overtime \$

Part time/Casual employment \$

Centrelink/Pensions \$

**Other income (please specify)**

..... \$

### b. Expenditure

Net - per  month  fortnight  week

School fees \$

Child maintenance payment \$

Rent/Board \$

Living expenses \$

Rates (council, water) \$

Insurances (health, car, life etc) \$

Gas/electricity \$

Telephone / Mobile /PayTV / Internet \$

Transport (petrol, servicing, fares) \$

Food / Clothing / Personal expenses \$

Medical/Chemist \$

**Other expenses (please specify)**

..... \$

### Credit commitments

Repayments - per  month  fortnight  week

Credit card/s \$

Home/Investment loan/s \$

Overdraft/Personal or Car loan/s \$

OFI<sup>1</sup> Credit/Store card/s \$

OFI<sup>1</sup> Home/Investment loan/s \$

OFI<sup>1</sup> Personal/Business loan/s \$

1. OFI - OTHER FINANCIAL INSTITUTION

### c. Assets

**Current value**

Savings/Cash \$

Shares/Investments \$

Motor vehicles \$

House (list address) \$

..... \$

..... \$

..... \$

**Other assets (please specify)**

..... \$

..... \$

### d. Liabilities (List bank/lender)

	Borrowed amount	Balance Owed
Home/Investment loans	\$ <input type="text"/>	\$ <input type="text"/>
.....	\$ <input type="text"/>	\$ <input type="text"/>
.....	\$ <input type="text"/>	\$ <input type="text"/>
.....	\$ <input type="text"/>	\$ <input type="text"/>
.....	\$ <input type="text"/>	\$ <input type="text"/>
Personal/business loans	\$ <input type="text"/>	\$ <input type="text"/>
.....	\$ <input type="text"/>	\$ <input type="text"/>
.....	\$ <input type="text"/>	\$ <input type="text"/>
.....	\$ <input type="text"/>	\$ <input type="text"/>
Overdraft - lender	<b>Credit Limit</b>	<b>Balance Owed</b>
.....	\$ <input type="text"/>	\$ <input type="text"/>
.....	\$ <input type="text"/>	\$ <input type="text"/>
.....	\$ <input type="text"/>	\$ <input type="text"/>
Other loans <small>(specify) - lender</small>	<b>Borrowed amount</b>	<b>Balance Owed</b>
.....	\$ <input type="text"/>	\$ <input type="text"/>
.....	\$ <input type="text"/>	\$ <input type="text"/>
Credit/Store cards	<b>Borrowed amount</b>	<b>Balance Owed</b>
.....	\$ <input type="text"/>	\$ <input type="text"/>
.....	\$ <input type="text"/>	\$ <input type="text"/>
.....	\$ <input type="text"/>	\$ <input type="text"/>
.....	\$ <input type="text"/>	\$ <input type="text"/>

**Are you in arrears with any utilities providers or other lenders? If so please note below. Additionally, please note any payment arrangement with utilities provider or any other lender.**

Total income (a) \$

Total expenditure (b) \$

Uncommitted income (a-b) \$

Total assets (c) \$

Total liabilities (d) \$

Net assets (c-d) \$

## D. Circumstances

Explain your current financial circumstances and the reasons you are seeking hardship assistance. If there is insufficient space on the form, please feel free to attach separate sheet of paper.

Which loan facilities do you require hardship assistance for? Please provide product numbers below (eg. 123456 L1)

Provide full details as to how and when you expect your situation to improve.

Please indicate how much you can afford to pay towards your loan/s with BankVic.

Payment Amount \$  Frequency W  F  M

Commencing from  until

If you answer YES to any of the following please attach details.

Have you ever been declared bankrupt or assigned your estate for the benefit of Creditors?  Yes  No

Are there any unsatisfied judgements against you?  Yes  No

Are you a guarantor or indemnifier for the performance of another person(s) contract?  Yes  No

If I/we have requested you work with our representative I/we authorise the party named in this document to act for me/us

### Agent's Information

You may choose to be represented or assisted by another person whom you authorise to act on your behalf in negotiations with us.

We respect your right to be represented and will work with your duly authorised representative if you have one.

Please complete this information if you would like us to contact your agent to discuss your application.

Name

Email address

Address

Relationship: [Accountant](#), [solicitor](#), [financial counsellor](#), [family member](#) or [friend](#)

Contact no.

## E. Declaration by Applicant

**I/We acknowledge that the Privacy Act 1988 (Cth) and Anti-Money Laundering and Counter Terrorism-Financing Act 2006 (Cth)**

declarations made in my loan application/s to continue to apply to this request to vary that subsequent loan contract/s.

I/we acknowledge that where we have provided personal information about any other person, not named in my original loan application/s, such as an employer, relative, solicitor or other representative, that I/we will immediately make that person aware of who Police Financial Services Limited (BankVic) as the credit services provider is, how to contact you, that they can gain access to the information and that you will use and disclose the information only in connection with my facility.

If I/we have requested you work with our representative I/we authorise the party named in this document to act for me/us in relation to this application by me/us and in obtaining advice in relation to existing credit.

I/we declare that I/ we have no other debts than those listed in this application.

I/we declare that the information given above is true, correct and complete.

I/we declare that we have fully disclosed my/our financial affairs and any matters that may impact on this application.

I/we authorise BankVic to make any relevant enquires, including my employer or any other credit provider.

I/we agree that this information will remain the property of BankVic.

**WARNING: Under the National Credit Code you may be liable to a criminal penalty if you make any false or misleading representation that is material to our decision to approve this application.**

Name Applicant 1

 /  / 

Date

Name Applicant 2

 /  / 

Date

### Office Use Only

	Job No. & Date	Date provided	Op. Name	Op. No. Signature
Hardship brochure provided to applicant				
Credit Guide provided to applicant				
Where agent appointed				
Privacy Notice provided to Agent				
AML (KYC) Identity verified				
Credit Guide provided				
Hardship brochure provided				
Hardship Register noted				
Client record for agent				