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 Joan/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

pplicant 1		Applicant 2			
lember No		Member No (If applicable)			
itle	Ms Miss Mrs Dr	Title	Ms Miss Mrs Dr		
	Other		Other		
rname		Surname			
ven name/s		Given name/s			
o. of dependant/s	Age/s of dependant/s	No. of dependant/s	Age/s of dependant/s		
esidential Address		Residential Address			
ostcode	Commencement of residence	Postcode	Commencement of residence		
urrent sidential status	Owned outright Mortgage Renting/	Current residential status	Owned outright Mortgage Renting/boarding		
	Other		Other		
ailing Address		Mailing Address			
different than ove address)		(If different than above address)			
mail		Email			
none no		Phone no			

B. Employment details						
Applicant 1		Applicant 2				
Occupation		Occupation				
	Full time Part time Casual/ Contract @		Full time Part time Casual/ Contract @			
	Self employed Other eg. retired, apprentice		Self employed Other eg. retired, apprentice			
Name of employer		Name of employer				
Employer phone No		Employer phone No				

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)		c. Assets	Current value	
Base salary	Net - per month fortnight week	Savings/Cash	\$	
Income Applicant 1	\$	Shares/Investments	\$	
Income Applicant 2	\$	Motor vehicles	\$	
Other Income		House (list address)	\$	
Regular overtime	\$		\$	
Part time/Casual employment	\$		\$	
Centrelink/Pensions	\$		\$	
Other income (please specify)		Other assets (please specify)		
	\$	Office dassers (please specify)	\$	
		•····	\$	
b. Expenditure	Net - per month fortnight week	d. Liabilities (List bank/lender) Home/Investment loans	Borrowed amount	Balance Owed
School fees	\$		\$	\$
Child maintenance payment	\$		\$	\$
Rent/Board	\$		\$	\$
Living expenses	\$		\$	\$
Rates (council, water)	\$			
Insurances (health, car, life etc)	\$	Personal/business loans	Borrowed amount	Balance Owed
Gas/electricity	\$		\$	\$
Telephone / Mobile /PayTV / Internet	\$		\$	\$
Transport (petrol, servicing, fares)	\$		\$	\$
Food / Clothing / Personal expenses	\$			
Medical/Chemist	\$	Overdraft - lender	Credit Limit	Balance Owed
Other expenses (please specify)		•••••	\$	\$
	\$	•••••	\$	\$
•••••••			\$	\$
Credit commitments	Repayments - per month fortnight week	Other loans (specify) - lender	Borrowed amount	Balance Owed
Credit card/s	\$		\$	\$
Home/Investment loan/s	\$		\$	\$
Overdraft/Personal or Car loan/s	\$	Condit/Change and	Borrowed amount	Balanca Owed
OFI¹ Credit/Store card/s	\$	Credit/Store cards		Balance Owed
OFI ¹ Home/Investment loan/s	\$	•••••	\$	\$
OFI¹ Personal/Business loan/s	\$	•••••	\$	\$
1. OFI - OTHER FINANCIAL INSTITUTION		•••••	\$	\$
			\$	\$
Are you in arrears with any utilities any other lender.	providers or other lenders? If so please note bel	ow. Additionally, please note any payment a	rrangement with ut	ilities provider or
Total income (a)	\$	Total assets (c)	\$	
Total expenditure (b)	\$	Total liabilities (d)	\$	
Uncommitted income (a-b)	\$	Net assets (c-d)	\$	

D. Circumstanc	es			
Explain your current fi sheet of paper.	nancial circumstances and the reason	s you are seeking hard	Iship as	assistance. If there is insufficient space on the form, please feel free to attach separat
Which loan facilities do	o you requrie hardship assistance for?	Please provide produ	ct num	mbers below (eg. 123456 L1)
Provide full details as	to how and when you expect your situ	nation to improve.		
Please indicate how m	uch you can afford to pay towards you	ur loan/s with BankVic		
Payment Amount \$		Frequency W	F	M
Commencing from		until		
	f the following please attach details. red bankrupt or assigned your estate for th	ne benefit of Creditors?		Yes No
Are you a guarantor or inc	judgements against you? demnifier for the performance of another p work with our representative I/we authorise t		cument t	Yes No Yes No to act for me/us
	epresented or assisted by another perso be represented and will work with you	·		t on your behalf in negotiations with us.
	formation if you would like us to conta			
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				

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