

Financial hardship application

In this document, 'the Bank', 'we', 'us', and 'our' means Teachers Mutual Bank Limited and 'you' means the person applying for or with one or more of our products and services.

This form is to be completed to enable the Bank to consider a request for assistance related to financial hardship you are experiencing. If you provide all the information requested on the form by the date shown below, we will get back to you with a decision on your application within 14 days.

For assistance in completing any section of this form, please call Credit Assistance on **(02) 8831 1919** 9am to 5pm, weekdays.

- ▶ You must complete all sections of this application and answer all questions in full.
- ▶ Supporting documentation is required for income and expenses.
- ▶ Please ensure this application and all relevant documentation is forwarded to this office prior to

Date

What are your personal details?

First account holder details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no	<input type="text"/>	
First names	<input type="text"/>						Surname	<input type="text"/>	
Residential address									
Suburb	<input type="text"/>			State	<input type="text"/>			Postcode	<input type="text"/>
Postal address (if different from above)									
Suburb	<input type="text"/>			State	<input type="text"/>			Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>			Mobile phone	<input type="text"/>
Email								<input type="text"/>	
Date of birth	<input type="text"/>			Age	<input type="text"/>			Occupation	<input type="text"/>
Name of employer								<input type="text"/>	
Age of dependant children	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years						

Second account holder details (if applicable)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no	<input type="text"/>	
First names	<input type="text"/>						Surname	<input type="text"/>	
Residential address									
Suburb	<input type="text"/>			State	<input type="text"/>			Postcode	<input type="text"/>
Postal address (if different from above)									
Suburb	<input type="text"/>			State	<input type="text"/>			Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>			Mobile phone	<input type="text"/>
Email								<input type="text"/>	
Date of birth	<input type="text"/>			Age	<input type="text"/>			Occupation	<input type="text"/>
Name of employer								<input type="text"/>	
Age of dependant children	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years						

Please provide reasons for your application for credit assistance

I/We wish to apply for assistance due to the following reasons:

I/We have made the following arrangements with other creditors:

1.
 2.
 3.
 4.
- I have no arrangements with other creditors

Statement of financial position

As at Member no

Liabilities	Balance owing
Home Loan (with us)	
Personal loan (with us)	
Other loans (who with?)	
Credit/store card/s (who with and limit?)	
Hire purchases/lease	
Other liabilities (please outline)	
Total Liabilities	

Assets	Estimated value
Property at	
Motor vehicle (include make, rego, year)	
Shares/savings/investments (who with?)	
Other assets (outline details)	
Total Assets	

