



Customer Particulars

Application for Variation to Contract
due to Financial Hardship

Please complete this application form as fully as you are able to. Where documents are requested, please enclose same when you return the application.

Customer name/s

Credit contract type/s

Credit contract number/s

Please forward documentary evidence of your current income. eg:

- Last two (2) payslips;
- Last two (2) bank statements;
- Confirmation from CentreLink of current benefit paid; or
- Any other documentary evidence of income.

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

- Evidence of insurance on the property;
- Details of superannuation;
- Details of personal insurance;
- Statements of loans and credit cards; and/or
- Medical certificate/letter from your doctor.

Reason for hardship request

Explain your current financial circumstances and provide any other reason why you are seeking changes to your credit contract.

Agent's information Complete this information if you would like us to contact your agent to discuss your application.

Name

Address

Postcode

Relationship (eg Accountant, Solicitor, Financial Counsellor)

Agent's telephone number

 ()

If you own real property, are the rates (Council/Shire/Water) currently paid up to date?

Yes – Please provide copy of the last receipt No – Please provide details of arrears and any arrangements

Applicant number 1
 Mr Mrs Miss Ms Other _____

Surname

Given name/s

Date of birth

 / /
Permanent Australian resident? Yes No**Marital status**
 Married De facto Single Other _____

Date of last change of

marital status

 / /

Number of dependents

Contact details – Tick preferred contact number
 Home telephone number

 ()

Is this a silent number?

 Yes No

 Work telephone number

 ()
 Mobile number

Email address

Facsimile number

 ()

Home address

State

Postcode

Postal address – if different to above

State

Postcode

Residential details
 Owner with mortgage Owner no mortgage Boarding

 Renting Living with relatives Supplied by employer

Name of owner/agent

Telephone number

 ()

When did you move to the above address?

 / /

Previous home address – if under 3 years at present home

State

Postcode

Lived there for

 years months
Employment
 Full-time Part-time Self employed Other _____

Employer's name

Occupation/Job title

When did you commence work with this employer?

 / /

Type of industry

Previous employment – if under three (3) years with present employer

 Full-time Part-time Self employed Other _____

Employer's name

Occupation/Job title

Worked there

 years months
Applicant number 2
 Mr Mrs Miss Ms Other _____

Surname

Given name/s

Date of birth

 / /
Permanent Australian resident? Yes No**Marital status**
 Married De facto Single Other _____

Date of last change of

marital status

 / /

Number of dependents

Contact details – Tick preferred contact number
 Home telephone number

 ()

Is this a silent number?

 Yes No

 Work telephone number

 ()
 Mobile number

Email address

Facsimile number

 ()

Home address

State

Postcode

Postal address – if different to above

State

Postcode

Residential details
 Owner with mortgage Owner no mortgage Boarding

 Renting Living with relatives Supplied by employer

Name of owner/agent

Telephone number

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Occupation/Job title

When did you commence work with this employer?

 / /

Type of industry

Previous employment – if under three (3) years with present employer

 Full-time Part-time Self employed Other _____

Employer's name

Occupation/Job title

Worked there

 years months

Financial position

Assets – what you own

Home/Properties

Owned jointly – give details Owned solely
 Name of joint owner Present value

_____ \$ _____

Accounts (Bank, Credit Union, Building Soc., etc)

Organisation	Balance
_____	\$ _____
_____	\$ _____

Total value of accounts \$ _____

Life insurance

Face value \$ _____

Annual premium \$ _____

Surrender value \$ _____

Motor vehicle/s

Make & model	Year of mfr.	
_____	_____	\$ _____
_____	_____	\$ _____

All other assets – except usual home contents

Description	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total value of what you own \$ _____

Sundry assets – do not add into total assets

Home contents (Insured value) \$ _____

Superannuation (Estimate your current payout) \$ _____

Goodwill of Business (Estimated value) \$ _____

Liabilities – what you owe

Home loan

Name of lender	Amount now owing
_____	\$ _____

Personal loan

Name of lender	
_____	\$ _____

Credit/Store card/s – include even if balance is nil

Card type	Issuer	Credit limit	
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Other loans (Finance co., Other bank)

Lender	Loan type	
_____	_____	\$ _____
_____	_____	\$ _____

All other debts – give details

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total value of what you owe \$ _____

Monthly Budget (use annual amounts divided by 12)

Monthly Income

†Salary – attach salary slip	Gross salary	After tax salary
Applicant number 1 income.	\$ _____	\$ _____
Applicant number 2 (if joint loan) ..	\$ _____	\$ _____
Other income (AUSTUDY, part-time work, dividends, interest, etc) – attach evidence	_____	_____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Gross rental income \$ _____

Rental income after expenses \$ _____

†Self-employed applicants Net profit After tax profit

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

Profit – attach financial statements

_____ \$ _____ \$ _____

Total net income per month \$ _____

Budget summary

Total net income per month \$ _____

Deduct total monthly payments .. \$ _____

Total usable funds \$ _____

Monthly Expenditure

	Amount
Home loan/s	\$ _____
Personal loan/s	\$ _____
Credit/Store card/s	\$ _____
Other loan/s (Finance co., Other bank)	\$ _____
Other debts	\$ _____

Total loan repayments \$ _____

Rent \$ _____

Insurance (Life, Health, Home, Car, etc) \$ _____

School fees \$ _____

Electricity \$ _____

Gas \$ _____

Telephone \$ _____

Medical expenses \$ _____

Rates (Council, Water) \$ _____

Car/Travel \$ _____

Food \$ _____

Clothing \$ _____

Entertainment \$ _____

Subscription \$ _____

Other (Superannuation, Gifts, etc) \$ _____

_____ \$ _____

_____ \$ _____

Total monthly payments \$ _____

Application

I acknowledge and agree that NAB is collecting the information in this form to assess my hardship application and will rely upon the information I have given to assess the application. If the information is not complete or accurate this may affect NAB's ability to assist me.

Note: for privacy reasons if you have given any information about another person please tell them that you have provided their details to NAB.

Declaration and Authority

Applicant number 1 signature

Date

Applicant number 2 signature

Date

Additional forms

Authority to Disclose Information to National Australia Bank Limited

To be completed by all applicants authorising National Australia Bank Limited to contact your employer and landlord/agent, if applicable, for confirmation of the details specified in the form.

