

COVID-19 Financial Assistance Request Form - Businesses

Borrower Details

Full Name of Borrower (Business entity) making this application

ACN/ABN

Business and Trading Names (as applicable)

Address

State

Postcode

Contact Name

Contact Telephone Number

Contact Fax Number

Contact Mobile Number

Email address

Account Details

Account Number 1		Account Number 4	
Account Number 2		Account Number 5	
Account Number 3		Account Number 6	

COVID-19 Business Impact Questionnaire

1. What is the current percentage reduction on your business' income from COVID-19?

Less than 10%	10-25%	26-50%	51- 75%	76-100%
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2. How has your business been impacted by COVID-19 specifically? (e.g. reduction in demand/supply chain issues)

3. Do you anticipate that your business will recover from COVID-19?

Yes	No
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If "Yes", please go to Question 4.
If "No", please go to Question 5.

4. How long do you anticipate it will take your business to recover and resume normal loan repayments?

1 month	3 months	5 months
2 months	4 months	6 months or longer

5. Are you receiving government or commercial rent assistance? For example, this may include Job Keeper for your staff or grants to meet costs payable.

Yes No

If Yes, advise what assistance is being received?

6. What actions, strategies and plans are you taking to manage the impact of COVID-19?

7. How will financial assistance from Suncorp fit into those plans?

8. For Property Investors, what arrangements have you entered into with your tenants?

Complete the Statement of Financial Position and applicant information sections on the following pages noting a separate Statement and applicant information sheet is required for each individual, partner and director

Name (please complete a Statement of Position for each individual, partner and director)

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Additional pages are available from your Suncorp store or you can photocopy this page. If there is insufficient space on this page or it is not suitable for your use, please attach separate pages as you require.

Assets

Property Address	Amount
	\$
	\$
	\$
	\$
	\$

Plant/machinery/vehicles (details)	Amount
	\$
	\$

Stock/work in progress	Amount
	\$

Bank, building society, credit union a/cs

Bank	Type of a/c	Amount
		\$
		\$

Investments	Maturity Date	Amount
		\$
		\$
		\$

Life insurance (Details)	Amount
	\$
	\$

Superannuation (Details)	Amount
	\$
	\$

Trade & sundry debtors	Amount
	\$

Furniture/personal effects	Amount
	\$

Other assets (detail)	Amount
	\$
	\$
	\$
	\$

Total	\$
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Liabilities

Loan(s)			
Bank, etc	Repay\$	Frequency	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Overdraft		
Bank, etc	Limit	Amount
		\$
		\$
		\$

Unsecured loan(s)				
Bank, etc	Lender	Repay\$	Frequency	Amount
				\$
				\$
				\$

Bank/Visa/Master/Other Card(s)	Amount
	\$
	\$
	\$

Trade & sundry creditors	Amount
	\$

Statutory Obligations (Including GST, Other Taxes, Rates, Superannuation Payments)	Amount
	\$
	\$
	\$
	\$

Other amounts owing (detail)	Amount
	\$
	\$
	\$
	\$

Total	\$
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Equipment Finance

Financial Institution	Equipment	Rental \$	Frequency	Lease Expiry Date	Residual \$	Bal. Owing \$

Name (please complete a Statement of Position for each individual, partner and director)

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Assets

Property Address	Amount
	\$
	\$
	\$
	\$
	\$

Plant/machinery/vehicles (details)	Amount
	\$
	\$

Stock/work in progress	Amount
	\$

Bank, building society, credit union a/cs

Bank	Type of a/c	Amount
		\$
		\$

Investments	Maturity Date	Amount
		\$
		\$
		\$

Life insurance (Details)	Amount
	\$
	\$

Superannuation (Details)	Amount
	\$
	\$

Trade & sundry debtors	Amount
	\$

Furniture/personal effects	Amount
	\$

Other assets (detail)	Amount
	\$
	\$
	\$
	\$

Total	\$
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Liabilities

Loan(s)			
Bank, etc	Repay\$	Frequency	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Overdraft

Bank, etc	Limit	Amount
		\$
		\$
		\$

Unsecured loan(s)

Bank, etc	Lender	Repay\$	Frequency	Amount
				\$
				\$
				\$

Bank/Visa/Master/Other Card(s)	Amount
	\$
	\$
	\$

Trade & sundry creditors	Amount
	\$

Statutory Obligations (Including GST, Other Taxes, Rates, Superannuation Payments)	Amount
	\$
	\$
	\$
	\$

Other amounts owing (detail)	Amount
	\$
	\$
	\$
	\$

Total	\$
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Equipment Finance

Financial Institution	Equipment	Rental \$	Frequency	Lease Expiry Date	Residual \$	Bal. Owing \$

Individual 1

Please Tick	<input type="checkbox"/> Self Employed Applicant <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Guarantor <input type="checkbox"/> Other				
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>				
Date of birth	<input type="text"/> D D / <input type="text"/> M M / <input type="text"/> Y Y Y Y				
Full Name	<input type="text"/>				
Residential Address	<input type="text"/>				
	State		Postcode	Time There	<input type="text"/> / <input type="text"/>
No of Financial Dependents	<input type="text"/>		Age of Financial Dependents	<input type="text"/>	
Home Phone Number	<input type="text"/> (<input type="text"/>)		Mobile Phone Number	<input type="text"/>	
Email	<input type="text"/>				
Occupation OR if Self Employed, Nature of Business	<input type="text"/>				
Employer 1 of Business Name	<input type="text"/>		Employer 1 of Business Phone Number	<input type="text"/> (<input type="text"/>)	
Employer 1 or Business Address	<input type="text"/>				
	State		Postcode	Time There	<input type="text"/> / <input type="text"/>
If more than 1 Employer, 2nd Occupation	<input type="text"/>				
Employer 2 Name	<input type="text"/>		Employer 2 Phone Number	<input type="text"/> (<input type="text"/>)	
Employer 2 Address	<input type="text"/>				
	State		Postcode	Time There	<input type="text"/> / <input type="text"/>

Weekly Budget

Use annual amounts divided by 52

Individual 1

Weekly Income			Weekly Expenditure	
+ Salary – attach salary slip	Before Tax Salary	After Tax Salary		Amount \$
Individual 2 income	\$	\$	Home loan repayment/s	\$
Other income (AUSTUDY, part-time work, dividends, interest, etc) – attach evidence			Personal loan repayment/s	\$
			Credit/Store card/s repayment/s	\$
			Other loan (Finance co, Other bank) repayment/s	\$
	\$	\$	Other debt repayment/s	\$
Before tax rental income	\$		Rent	\$
Rental income after expenses		\$	Insurance (Life, Health, Home, Car, etc)	\$
			School fees	\$
+ Self employed applicants	Net Profit	After tax profit	Electricity	\$
Profit – attach financial statements	\$	\$	Gas	\$
Total net income per week		\$	Telephone	\$
			Medical expenses	\$
			Rates (Council, Water)	\$
			Car / Travel	\$
			Food	\$
			Clothing	\$
			Entertainment	\$
			Subscriptions	\$
			Other (Superannuation, Gifts, etc.)	\$
			Total weekly payments	\$

Budget Summary	
Total net income per week	\$
Deduct total weekly payment	\$
Total usable funds	\$

Individual 2

Please Tick

☐ Self Employed Applicant
 ☐ Director
 ☐ Trustee
 ☐ Guarantor
 ☐ Other

 Title
 ☐ Mr
 ☐ Mrs
 ☐ Ms
 ☐ Miss
 ☐ Dr
 ☐ Other

Date of birth

D D / M M / Y Y Y Y

Full Name

Residential Address

No of Financial Dependents

Home Phone Number

Email

Occupation OR if Self

Employed, Nature of Business

Employer 1 of Business Name

Employer 1 or Business Address

If more than 1 Employer,
2nd Occupation

Employer 2 Name

Employer 2 Address

State

Postcode

Time There

/

Age of Financial Dependents

Mobile Phone Number

State

Postcode

Time There

/

Employer 2 Phone Number

State

Postcode

Time There

/

Weekly Budget

Use annual amounts divided by 52

Individual 2

Weekly Income			Weekly Expenditure	
+ Salary – attach salary slip	Before Tax Salary	After Tax Salary		Amount \$
Individual 1 income	\$	\$	Home loan repayment/s	\$
Other income (AUSTUDY, part-time work, dividends, interest, etc) – attach evidence			Personal loan repayment/s	\$
			Credit/Store card/s repayment/s	\$
			Other loan (Finance co, Other bank) repayment/s	\$
	\$	\$	Other debt repayment/s	\$
Before tax rental income	\$		Rent	\$
Rental income after expenses		\$	Insurance (Life, Health, Home, Car, etc)	\$
			School fees	\$
+ Self employed applicants	Net Profit	After tax profit	Electricity	\$
Profit – attach financial statements	\$	\$	Gas	\$
Total net income per week		\$	Telephone	\$
			Medical expenses	\$
			Rates (Council, Water)	\$
			Car / Travel	\$
			Food	\$
			Clothing	\$
			Entertainment	\$
			Subscriptions	\$
			Other (Superannuation, Gifts, etc.)	\$
			Total weekly payments	\$

Budget Summary	
Total net income per week	\$
Deduct total weekly payment	\$
Total usable funds	\$

Your Supporting Information & Signatures

What I may need to provide with this financial assistance request?

1. Confirm all business owners, guarantors and partners to the loan/s have signed this form.
2. Any other information or documentation you believe relevant to assist
3. You must also include in your request:
 - a. Either
 - i. FY19 accountant-prepared Financial Accounts AND FY20 Management Accounts; OR
 - ii. FY19 accountant-prepared Financial Accounts AND BAS Lodgements for the prior 12 months at the time of request
 - b. ATO Portal Statements for the prior 12 months at the time of your request

What happens next?

- You need to send this completed request and supporting documents to Suncorp
Suncorp Bank Customer Assist
IPC: RE055, GPO BOX 1453, Brisbane QLD 4001
Fax 07 3031 2008
Email **customer.assist@suncorp.com.au**
- We'll review the documentation and contact you to discuss your request in detail.
- If we determine other additional information is required, we will contact you.
- All requests for financial assistance are subject to a case by case assessment.

Your Contacts for Suncorp Bank Financial Assistance:

- Phone 1800 225 223
- Fax 07 3031 2008
- Email customer.assist@suncorp.com.au

Appointment of an Agent

I/We appoint the person below and any organisation under which the agent may operate or by whom the agent may be employed or their assigns, to be my agent for the purpose of exchanging information with Suncorp Bank in relation to this request for financial assistance.

Agent Details

Accountant Name	<input type="text"/>	Telephone	<input type="text"/>
Financial Counsellor Name	<input type="text"/>	Telephone	<input type="text"/>
Other Agent (Describe Role)	<input type="text"/>	Telephone	<input type="text"/>

Acknowledgement and Declaration

By signing below, I/we agree that I/we

- have read and understood the particulars which have been completed in this request for financial assistance and confirm that the particulars (including any supporting documents) are true, complete and correct and have been provided to Suncorp Bank to enable it to determine whether or not to vary the borrowers credit contract/s;
- agree to Suncorp Bank collecting, using and disclosing my/our personal information, including health and sensitive information if applicable, in accordance with the Suncorp Privacy Policy;
- authorise Suncorp Bank to make any enquiries it considers necessary to verify the information provided in this request and in support of my/our request for financial assistance;
- authorise Suncorp Bank to make enquiries with my/our employer/s, accountant and if applicable, landlord/real estate agent in order to confirm the accuracy of information provided by me/us in this request for financial assistance;
- understand that it may be necessary for Suncorp Bank to disclose certain information about me/us to regulatory and government bodies, our agents, credit and debit agencies and mortgage insurers when assessing this request for financial assistance;
- authorise Suncorp Bank to exchange information concerning my financial affairs with any person/s I have appointed as an agent to act on my behalf;
- authorise Suncorp Bank to disclose to a guarantor/s any financial particulars relating to my/our accounts with Suncorp Bank and any financial information within the knowledge of Suncorp Bank in relation to the borrowers affairs.

Acknowledgements and Declaration on Behalf of Borrowing Entity

Applicant 1

Please Tick ☐ Partner ☐ Director ☐ Owner
☐ Individual (as Trustee) ☐ Guarantor

Signature

Date

Applicant 2

Please Tick ☐ Partner ☐ Director ☐ Owner
☐ Individual (as Trustee) ☐ Guarantor

Signature

Date

Acknowledgements and Declaration on Own Behalf

Applicant 1

Signature

Date

Applicant 2

Signature

Date