

# Request for Financial Assistance (Business Applicants Only)

## Instructions

This form must be completed by the applicant and all related individuals (Business/Company Owners, Directors, Partners, and Individuals if Trustee for a Trust)

- You must complete all questions. If any question is not applicable, please leave the field blank
- Once completed, return the request and all supporting documentation to any Suncorp Bank Store, or by fax to (07) 3031 2008
- For further assistance, please contact Suncorp Bank on 1800 225 223

## Section 1 Company / Business Contact Details

Please tick appropriate boxes

Name of your Suncorp Relationship Manager (if any):

### Type of Business

Sole Trader  Partnership  Public Company  Private Company  Other (Please specify)

Registered Company Name or Business Name

Contact Name

Trading Name (only applicable if different from above)

Email Address

Registered Company / Business Address

State

Postcode

Postal Address (if different from above)

State

Postcode

Phone Number ( )  Fax number ( )

Date Business Established

DD / MM / YYYY

Nature of Business / Principal Activity

Number of Employees  Number of Partners/Directors/Proprietors

Trust Details (if applicable)  Unit Trust  Discretionary Trust

Trust Name  ABN

Trustee

### Suncorp Bank Loan and Deposit Account Numbers

### Your Current Situation

Please provide a brief update of the details of your circumstances and why you are requesting financial assistance.

Now go to **Section 2**, to provide an outline of the type of assistance you are seeking.

### Head Office / Bank Use Only

- Date or branch stamp request upon receipt.
- Scan the request and supporting documentation to [customer.assist@suncorp.com.au](mailto:customer.assist@suncorp.com.au) OR fax the request and supporting documentation to 07 3031 2008.
- Enclose this request with supporting documentation in an envelope, and post via internal mail to IPC: RE055. Action the same day you receive this pack from customer.

Accepted By Staff Name:

User ID:

Date Received or Branch Stamp:

**Your Request for Business Financial Assistance** – Please provide an outline of the assistance you are requesting for your business.

Assistance Options	Specific details of requested assistance	
<input type="checkbox"/> Postponement of loan repayments	For how long?	<input type="text"/>
<input type="checkbox"/> Extend period of loan contract and reduce amount of each repayment due	Extend, for how long?	<input type="text"/> Reduced payment \$ <input type="text"/>
<input type="checkbox"/> Extend period of loan contract and postpone repayments	Extend, for how long?	<input type="text"/>
	Postpone repayments for how long?	<input type="text"/>
<input type="checkbox"/> Interest capitalisation	For what period?	<input type="text"/>
<input type="checkbox"/> Interest only on term loans	For what period?	<input type="text"/>
<input type="checkbox"/> Waiving of term deposit interest adjustments (break fees) to access deposit funds prior to maturity	Term Deposit	<input type="text"/>
	Account numbers	<input type="text"/>
<input type="checkbox"/> Other (Please describe what you are seeking, in detail)		
<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"/>		
<input type="text"/>		

Now go to **Section 3**, to complete financial information for each individual associated with the business. If more than 2 individuals associated with the business, attach additional request forms.

**Individual 1**

Please Tick  Self Employed Applicant  Director  Trustee  Guarantor  Other

Title  Mr  Mrs  Ms  Miss  Dr  Other

Date of birth DD / MM / YYYY

Full Name

Residential Address State Postcode Time There /

No of Financial Dependents Age of Financial Dependents

Home Phone Number ( ) Mobile Phone Number

Email

Occupation OR if Self Employed, Nature of Business

Employer 1 of Business Name Employer 1 of Business Phone Number ( )

Employer 1 or Business Address State Postcode Time There /

If more than 1 Employer, 2nd Occupation

Employer 2 Name Employer 2 Phone Number ( )

Employer 2 Address State Postcode Time There /

**Weekly Budget**

Use annual amounts divided by 52

**Individual 1**

Weekly Income			Weekly Expenditure	
	Before Tax Salary	After Tax Salary		Amount \$
+ Salary - attach salary slip			Home loan repayment/s	\$
Individual 1 income	\$	\$	Personal loan repayment/s	\$
Other income (AUSTUDY, part-time work, dividends, interest, etc) - attach evidence			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	\$
<b>Profit</b> - attach financial statements	\$	\$	Gas	\$
<b>Total net income per week</b>		\$	Telephone	\$
			Medical expenses	\$
			Rates (Council, Water)	\$
			Car / Travel	\$
			Food	\$
			Clothing	\$
			Entertainment	\$
			Subscriptions	\$
			Other (Superannuation, Gifts, etc.)	\$
			<b>Total weekly payments</b>	<b>\$</b>

  

Budget Summary	
Total net income per week	\$
Deduct total weekly payment	\$
<b>Total usable funds</b>	<b>\$</b>

Individual 1

Assets	Amount \$
1 House/property address	
2 Rural/other property name and address/location	
3 Plant/machinery/vehicles (details)	
4 Stock/work in progress	

Bank, building society, credit union a/cs	Type of a/c	Amount \$
Lender		

Investments	Maturity Date	Amount \$
Life insurance (surrender value)		
Superannuation (present value)		
Trade & sundry debtors		
Furniture/personal effects		
Other assets (detail)		

**Total** \$

Liabilities	Amount \$
1 Loan(s)	
Lender	Repay \$ Frequency
2	
3	
4	

Unsecured loan(s)	Repay \$	Frequency	Amount \$
Lender			

Overdraft	Limit	Amount \$
Lender		

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

Trade & sundry creditors	Amount \$
Income Tax	

Other amounts owing (detail)	Amount \$

**Total** \$

Lease(s)	Equipment	Rental \$	Frequency	Lease Expiry Date	Residual \$
Lender					

Surplus/Deficiency of assets over liabilities \$

**IMPORTANT NOTE: Suncorp Clear Options Credit Cardholders Only**

As Citigroup Pty Ltd ("Citigroup") is the credit provider of the Suncorp Clear Options Credit Card product, a copy of this Request for Financial Assistance and any supporting documentation will be provided to Citigroup for their independent assessment in respect to the Suncorp Clear Options Credit Card you may have with them. Suncorp and Citigroup will independently assess and respond to your Hardship Request based on the information provided in your Request for Financial Assistance and any supporting documentation. If you do not want Suncorp to provide this material to Citigroup please indicate below. Please note, Suncorp has no ability to vary arrangements in place with Citigroup.

I hereby request that Suncorp does not provide a copy of this Request for Financial Assistance and any supporting documentation to Citigroup. I do not want Citigroup to receive a Hardship Request from me.

Citigroup Pty Limited ABN 88 004 325 080 AFSL No. 238098 ("Citigroup") is the credit provider and issuer of Suncorp Clear Options Credit Cards. Suncorp-Metway Ltd ABN 66 010 831 722 ("Suncorp") promotes and distributes Suncorp Clear Options Credit Cards on Citigroup's behalf under an agreement with Citigroup. Suncorp will not guarantee or otherwise support Citigroup's obligations under the contracts or agreements connected with the Credit Cards (other than those relating to Suncorp internet banking and telephone banking).

**Individual 2**

Please Tick  Self Employed Applicant  Director  Trustee  Guarantor  Other

Title  Mr  Mrs  Ms  Miss  Dr  Other

Date of birth

Full Name

Residential Address

State  Postcode  Time There  /

No of Financial Dependents  Age of Financial Dependents

Home Phone Number  Mobile Phone Number

Email

Occupation OR if Self Employed, Nature of Business

Employer 1 of Business Name  Employer 1 of Business Phone Number

Employer 1 or Business Address

State  Postcode  Time There  /

If more than 1 Employer, 2nd Occupation

Employer 2 Name  Employer 2 Phone Number

Employer 2 Address

State  Postcode  Time There  /

**Weekly Budget**

Use annual amounts divided by 52

**Individual 2**

Weekly Income			Weekly Expenditure	
	Before Tax Salary	After Tax Salary		Amount \$
+ Salary - attach salary slip				
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	\$
<b>Profit</b> - attach financial statements	\$	\$	Gas	\$
<b>Total net income per week</b>		\$	Telephone	\$
			Medical expenses	\$
			Rates (Council, Water)	\$
			Car / Travel	\$
			Food	\$
			Clothing	\$
			Entertainment	\$
			Subscriptions	\$
			Other (Superannuation, Gifts, etc.)	\$
			<b>Total weekly payments</b>	<b>\$</b>

  

Budget Summary	
Total net income per week	\$
Deduct total weekly payment	\$
<b>Total usable funds</b>	<b>\$</b>

Individual 2

Assets	Amount \$
1 House/property address	
2 Rural/other property name and address/location	
3 Plant/machinery/vehicles (details)	
4 Stock/work in progress	

Bank, building society, credit union a/cs	Type of a/c	Amount \$
Lender		

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Superannuation (present value)		
Trade & sundry debtors		
Furniture/personal effects		
Other assets (detail)		

**Total** \$

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Lender			

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

Trade & sundry creditors	Amount \$
Income Tax	

Other amounts owing (detail)	Amount \$

**Total** \$

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## Section 4 Your Supporting Information & Signatures

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

1. Statements for all non Suncorp Bank Loans, Credit Cards or Vehicle finance.
2. Confirm all business owners, guarantors and partners to the loan/s have signed this form.
3. Any other information or documentation you believe relevant to assist us in assessing your request.
4. You must also provide:
  - a. An aged listing for debtors and creditors
  - b. Last full 12 months financial year financials (Profit and Loss, and Balance Sheet)
  - c. Latest available internal management accounts
  - d. Details of any repayment arrangement entered into with suppliers or customer
  - e. Confirmation current tax liabilities are up to date, or if not, details of any deficiencies in tax payments.

### 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 (Nominated in section 3)

Please Tick  Partner  Director  Owner  
 Individual (as Trustee)  Guarantor

Signature

Date

### Applicant 2 (Nominated in section 3)

Please Tick  Partner  Director  Owner  
 Individual (as Trustee)  Guarantor

Signature

Date

## Acknowledgements and Declaration on Own Behalf

### Applicant 1 (Nominated in section 3)

Signature

Date

### Applicant 2 (Nominated in section 3)

Signature

Date