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 Branch, or by fax to (07) 3031 2008
- For further assistance, please contact Suncorp Bank on 1800 225 223

Section 1 Company / Busin	ness Contact Details		⊡	Please tick appropriate boxes
Name of your Suncorp Bank Rela	tionship Manager (if any):			
Type of Business				
Sole Trader Partnership	D 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	D D / M M / Y Y Y Y			
Nature of Business / Principal Activity				
Number of Employees		Number of Pa	rtners/Directors/Proprietors	
Trust Details (if applicable)	Unit Trust Discretion	nary Trust		
Trust Name			ABN	
Trustee				
Suncorp Bank Loan and Deposit	Account Numbers			
	1			

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.

Bank Use Only

- Date or branch stamp request upon receipt.
- Scan the request and supporting documentation to 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:



Section 2 What Assistance Would You Like Us To	Please tick appropriate boxes				
Your Request for Business Financial Assistance - Please pro Assistance Options	ovide an outline of the assistance you are requesting for your business. Specific details of requested assistance				
Postponement of loan repayments	For how long?				
Extend period of loan contract and reduce amount of each repayment due	Extend, for how long?	Reduced payment \$			
Extend period of loan contract and postpone repayments	Extend, for how long?				
	Postpone repayments for how lo	ong?			
Interest capitalisation	For what period?				
Interest only on term loans	For what period?				
☐ Waiving of term deposit interest adjustments	Term Deposit				
(break fees) to access deposit funds prior to maturity	Account numbers				
Other (Please describe what you are seeking, in detail)					

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.

Section 3 Self Employed Applicant / Director / Trustee / Guarantor

Section 3 Self Employed A	☑ Please tick appropriate boxes		
Individual 1			
Please Tick	Self Employed Applicant	🗌 Director 🗌 Trustee 🗌 Guara	ntor 🗌 Other
Title	Mr Mrs Ms	🗌 Miss 🗌 Dr 🗌 Other	
Date of birth	D D / M M / Y Y Y Y		
Full Name			
Residential Address			
		State Postcode	Time There /
No of Financial Dependents		Age of Financial Depe	ndents
Home Phone Number	()	Mobile Phone N	umber
Email			
Occupation OR if Self Employed, Nature of Business			
Employer 1 of Business Name		Employer 1 of Business Phone N	umber ()
Employer 1 or Business Address			
		State Postcode	Time There /
If more than 1 Employer, 2nd Occupation			
Employer 2 Name		Employer 2 Phone N	umber ()
Employer 2 Address			
		State Postcode	Time There /
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 1 income	\$	\$	Home loan repayment/s	\$
Other income (AUSTUDY, part-time work,			Personal loan repayment/s	\$
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	\$
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	\$	

\$

\$ \$

\$

\$

Statement of assets and liabilities as at DD/MM/YYYY

Individual 1									
Assets			Amount \$	Liabi	ities				Amount \$
1 House/property address				1 Loa	n(s)		Deress	F	
				Lender			Repay \$	Frequency	
		//							
2 Rural/other property name	e and address,	location		2					
3 Plant/machinery/vehicles	(details)			3					
4 Stock/work in progress			1	4					
Bank, building society, credit Lender	t union a/cs	Type of a/c		Unse _{Lender}	cured loa	an(s)	Repay \$	Frequency	
				Echaci					
				0	اسمله				
				Over Lender	Irait		Limit		
Investments		Maturity Date		Bank	/Visa/M	aster/Other Ca	rd(s)		
							- (-)		
				Trade	0. a a al				
Life insurance (surrender val	ue)				ne Tax	y creditors			
Superannuation (present val	ue)					o outing (dotail)			I
Trade & sundry debtors				Othe	amount	s owing (detail)]
Furniture/personal effects									
Other assets (detail)									
		Total	\$					Total	\$
			L .					Total	Ψ
Lease(s) Lender	Equipment			Rental	\$	Frequency	Lease Expiry Date		Residual \$

Surplus/Deficiency of assets over liabilities

IMPORTANT NOTE: Suncorp Bank Clear Options Credit Cardholders Only

As National Australia Bank Limited ("NAB") is the credit provider of the Suncorp Bank Clear Options Credit Card product, a copy of this Request for Financial Assistance and any supporting documentation will be provided to NAB for their independent assessment in respect to the Suncorp Bank Clear Options Credit Card you may have with them. Suncorp Bank and NAB 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 Bank to provide this material to NAB please indicate below. Please note, Suncorp Bank has no ability to vary arrangements in place with NAB.

\$

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

National Australia Bank Limited (ABN 12 004 044 937, AFSL and Australian Credit Licence 230686) ("NAB") is the credit provider and issuer of Suncorp Bank Clear Options Credit Cards. Suncorp-Metway Ltd ABN 66 010 831 722 ("Suncorp Bank") promotes and distributes Suncorp Bank Clear Options Credit Cards on NAB's behalf under an agreement with NAB. NAB has acquired the business relating to this credit from Citigroup Pty Ltd (ABN 88 004 325 080, AFSL and Australian Credit Licence 238098) ("Citi") and has appointed Citi to assist to administer the Credit Cards. Suncorp Bank will not guarantee or otherwise support NAB's obligations under the contracts or agreements connected with the Credit Cards (other than those relating to Suncorp Bank Internet Banking and Suncorp Bank Telephone Banking).

Section 3 Self Employed Applicant / Director / Trustee / Guarantor

Section 3 Self Employed A	ection 3 Self Employed Applicant / Director / Trustee / Guarantor						
Individual 2							
Please Tick	Self Employed Applicant	🗌 Director 🗌 Trustee 🗌 Guaran	tor 🗌 Other				
Title	Mr Mrs Ms	Miss Dr Other					
Date of birth	D D / M M / Y Y Y Y						
Full Name							
Residential Address							
		State Postcode	Time There /				
No of Financial Dependents		Age of Financial Depen	dents				
Home Phone Number	()	Mobile Phone Nu	mber				
Email							
Occupation OR if Self Employed, Nature of Business							
Employer 1 of Business Name		Employer 1 of Business Phone Nu	mber ()				
Employer 1 or Business Address							
		State Postcode	Time There /				
If more than 1 Employer, 2nd Occupation							
Employer 2 Name		Employer 2 Phone Nu	mber ()				
Employer 2 Address							
		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 2 income	\$	\$	Home loan repayment/s	\$
Other income (AUSTUDY, part-time work,			Personal loan repayment/s	\$
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	\$
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	\$	

\$

\$ \$

\$

\$

Statement of assets and liabilities as at DD/MM/YYYY

Individual 2							
Assets		Amount \$	Liabilities				Amount \$
1 House/property address			1 Loan(s)			F	
			Lender		Repay \$	Frequency	
2 Rural/other property name and ad	dress/location		2				
3 Plant/machinery/vehicles (details))		3				
4 Stock/work in progress			4				
Bank, building society, credit union a Lender	a/cs Type of a/c		Unsecured _{Lender}	l loan(s)	Repay \$	Frequency	
			Overdraft				
			Lender		Limit		
Investments	Maturity Date]	Bank/Visa	/Master/Other C	ard(s)		
			Trade & su	ndry creditors			
Life insurance (surrender value)			Income Ta:				
Superannuation (present value)	_		Other amo	unts owing (detai)	,	
Trade & sundry debtors Furniture/personal effects				-			
Other assets (detail)							
	Total \$	\$				Total	\$
Lease(s) Lender Equipme	ant		Rental \$	Frequency	Lease Expiry Date		Residual \$
	siit				Lease Lypity Dale		
					1		

Surplus/Deficiency of assets over liabilities

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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	Telephone	()
Financial Counsellor Name	Telephone	()
Other Agent (Describe Role)	Telephone	()

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 reasonable enquiries 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 (Nom	ninated in section 3)	Applicant 2 (Nominated in section 3)			
Please Tick	Partner Director Owner	Please Tick	Partner Director Owner		
	🗌 Individual (as Trustee) 🛛 🗌 Guarantor		🗌 Individual (as Trustee) 🛛 🗌 Guarantor		
Signature		Signature			
Date		Date			
Acknowledge	ments and Declaration on Own Behalf				
Applicant 1 (Nom	ninated in section 3)	Applicant 2 (N	ominated in section 3)		
Signature		Signature			
Date		Date			