

Hardship Assistance Application Form

Send your completed form and 3 months' worth of the most recent bank statements to: creditsolutions@sbsvisa.co.nz or Credit Solutions Team, PO Box 1204, Invercargill 9840

Your details

First name	Last name
Customer number <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"/>	Account number <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"/>
Mobile number	Email

Your liabilities, expenses, and income

Debts

	Total owed	Monthly repayment
SBS Visa Credit Card	\$	\$
Mortgages	\$	\$
Personal loans	\$	\$
Car loan	\$	\$
Hire purchases	\$	\$
Credit cards	\$	\$
Store cards	\$	\$
Bank overdrafts	\$	\$
Other debts	\$	\$
Total	\$	\$

Your income

	Monthly income after tax
Salary/Wages from all jobs	\$
Overtime/Commission/Bonus	\$
Benefit/Superannuation/Child support	\$
Rent/Board received	\$
Total Monthly Income	\$

Your monthly expenses

	Monthly expenses
Rent/Board	\$
Household groceries	\$
Clothing and entertainment	\$
Transportation	\$
Utilities/Rates	\$
Insurance	\$
Childcare/Child support	\$
Healthcare/Education	\$
Other (please describe)	\$
Total	\$

Other

	Total value
Term deposits	\$
Cash in savings account	\$
Cash in current account	\$
Other (please describe)	\$
Total	\$

If you know of anything that may reduce your income, please tell us here:

If you know of anything that may increase your expenses, please tell us here:

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What has changed

What is the most relevant change that has happened to affect your financial situation?

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Unemployment/Redundancy | <input type="checkbox"/> Separation | <input type="checkbox"/> Reduction in income | |
| <input type="checkbox"/> Illness/Injury to you | <input type="checkbox"/> Illness/Injury in the family | <input type="checkbox"/> Death in the family | <input type="checkbox"/> Other |

Please tell us how your financial situation has changed and why you can't make your credit card repayments anymore.
Please attach supporting documents.

How can we help?

What can we do to help you?

- | | |
|--|---|
| <input type="checkbox"/> Reduce the amount that you repay each month | <input type="checkbox"/> Stop repayments for an agreed time |
| <input type="checkbox"/> Combine the two options stated above | |

Looking at your expenses, how much money could you put towards repaying your credit card debt each month?

When will you be able to increase your credit card repayments so you can pay the standard minimum amount due each month?

Seek Independent Advice

If you're having financial difficulty, you may find it useful to get advice from a financial mentor. You can access debt management services for free from MoneyTalks. Call them on 0800 345 123 or visit moneytalks.co.nz.

You are protected by responsible lending laws. Because of these protections, any recommendations given to you about this loan is not regulated financial advice. This means that duties and requirements imposed on people who give financial advice do not apply to these recommendations. This includes a duty to comply with a code of conduct and a requirement to be licenced.

Privacy Policy and Declaration

Privacy Statement

This is the Privacy Statement of SBS Money Limited (we, our or us). This Statement is a summary of our full Privacy Policy, which can be found here: www.sbsbank.co.nz/sbs-privacy

Why we collect personal information

You authorise us to collect personal information about you to enable us to communicate with you and provide or offer services to you, including assessing your application (and verifying your identity or other details), managing your account(s) and maintaining our credit records.

What personal information we collect and from where

The kind of information we collect from you includes your personal contact/identity details, your credit history, credit requirements and personal finances. We may also collect your personal information from, and share your personal information with, other organisations who assist us to interact/communicate with you. These include credit reporting and identification/verification agencies, other related entities (like SBS Bank and Finance Now), relevant retailers and other third parties. We may also use common internet technologies to collect data from our websites and emails.

Your rights

You do not have to provide your personal information to us but if you don't, we will not be able to assess your application. You are entitled at any time to request a copy of your personal information and correct that information if you think there are any errors. You can contact us on 0800 727 2273 during business hours.

I declare that the information given on this form is true and correct and that I authorise SBS Money Limited to conduct relevant checks and verification to process this application.

Print full name

Authorised signature

Date (DD/MM/YYYY)