

Financial Hardship Application Form

Customer Details	
Name (must be the name on your account)	
Account Number (found on your invoices)	
Contact Phone	
Contact Email	
Address	
Preferred Contact Method	
Date of Birth	
Details of Financial Hardship	
Period of assistance required	<input type="checkbox"/> 0-3 months <input type="checkbox"/> +3 months
<p>Please provide a brief description of why you are claiming financial hardship</p> <p><i>Financial Hardship is where you are unable to discharge financial obligations owed under your consumer contract with us or otherwise discharge your financial obligations to us, due to circumstances, including:</i></p> <ul style="list-style-type: none"> <i>(i) person or household illness;</i> <i>(ii) unemployment;</i> <i>(iii) low or insufficient income, including reduced access to income;</i> <i>(iv) being a victim or survivor of domestic or family violence;</i> <i>(v) a death in the family;</i> <i>(vi) a change in personal or family circumstances;</i> <i>(vii) a natural disaster;</i> <i>(viii) unexpected events or unforeseen changes that have impacted the customer's income or expenditure; or</i> <i>(ix) other reasonable causes; and you consider that you will be able to discharge those obligations if an agreed arrangement for financial hardship assistance relating to the supply of telecommunications services by us is implemented.</i> 	
<p>We may require further information or verifying documents to assess your eligibility. However, where you require short term assistance, or are experiencing domestic or family violence, we will not request further information or verifying documents, unless special circumstances apply.</p>	
Customer Declaration	
<p>I declare the above information provided is true and accurate.</p>	
<p>_____</p> <p>Name</p>	<p>_____</p> <p>Signature</p>
<p>_____</p> <p>Date</p>	