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 / Bus	iness Contact Details		☑ Please tick appropriate	boxes		
Name of your Suncorp Bank Relationship Manager (if any):						
Type of Business						
☐ Sole Trader ☐ Partnersh Registered Company Name or Business Name Contact Name	ip Public Company I	Private Company	(Please specify)			
Trading Name (only applicable if different from above)						
Email Address						
Registered Company / Business Address						
D			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/Direct	ctors/Proprietors			
Trust Details (if applicable)	Unit Trust Discretional	ry Trust	<u></u>			
Trust Name			ABN			
Trustee						
Suncorp Bank Loan and Depos	t Account Numbers					
Your Current Situation						
Please provide a brief update of	the details of your circumstances	and why you are requesting fir	nancial assistance.			
Now go to Section 2 , to provide	an outline of the type of assistanc	ce you are seeking.				
Bank Use Only						
Date or Branch stamp reque	est upon receipt.					
 Scan the request and support documentation to 07 3031 20 		ustomercare@suncorpbank.co	om.au OR fax the request and supporting			
 Enclose this request with sup pack from customer. 	porting documentation in an envelo	pe, and post via internal mail to	IPC: RE055. Action the same day you receive	this		
Accepted By Staff Name:	User ID:		Date Received or Branch Stamp:			
			`			



Section 2 What Assistance Would You Like Us To C	Consider		☑ Please ti	ck appropriate boxes	
Your Request for Business Financial Assistance - Please prov 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 long?			
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 A	pplicant ,	/ Director / 1	Frustee / Gua	arantor	Ę.	☑ Please tick app	ropriate boxes
Individual 1							
Please Tick	☐ Self Er	mployed Applic	ant Dir	rector	Trustee Guarantor	Other	
Title	☐ Mr	☐ Mrs ☐	Ms Mis	ss 🗌 Dr	Other		
Date of birth	DD/	' M M / Y Y	YY				
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					t of Decision of Disconnice		
Employer 1 of Business Name				Employer	1 of Business Phone Number		
Employer 1 or Business Address							
If more than 1 Employer				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					Us	e annual amount	s divided by 52
Individual 1							
				Ma alde	. F		
Weekly Income		Before Tax	After Tax	vveekiy	Expenditure		
+ Salary - attach salary slip		Salary	Salary				Amount \$
Individual 1 income		\$	\$	Home lo	oan repayment/s		\$
Other income (AUSTUDY, part-tir	mo work			Persona	al loan repayment/s		\$
dividends, interest, etc) – attach e				Credit/	Store card/s repayment/s		\$
		\$	\$		pan (Finance co, Other bank)	renayment /s	\$
		\$	\$		ebt repayment/s		\$
Before tax rental income		\$	Ψ	Rent			\$
Rental income after expenses		Ψ	\$		ce (Life, Health, Home, Car, e		\$
Mental income after expenses			Ψ		School fees		\$
+ Self employed applicants		Net Profit	After tax				\$
- Self employed applicants		Net Profit After tax Electricity profit		lectricity		Ψ	
Profit - attach financial statemen	ts	\$	\$	Gas			\$
Total net income per week			\$	Telepho	ne		\$
			-	•	l expenses		\$
					Council, Water)		\$
				Car / Tr			\$
				Food			\$
Budget Summary				Clothing	g		\$
Total net income per week		\$		Enterta	-		\$
Deduct total weekly payment		\$		Subscri			\$
Total usable funds \$				Superannuation, Gifts, etc.)		\$	
Total usable fullus		Ψ			eekly payments		\$
				TOTAL W			<u> </u>

Statement of assets and liabilities as at Individual 1 Liabilities Assets Amount \$ Amount \$ 1 Loan(s) 1 House/property address Lender Repay \$ Frequency 2 Rural/other property name and address/location 2 3 Plant/machinery/vehicles (details) 3 4 Stock/work in progress 4 Bank, building society, credit union a/cs Unsecured loan(s) Type of a/c Lender Lender Repay \$ Frequency Overdraft Limit Lender Investments Maturity Date Bank/Visa/Master/Other Card(s) Trade & sundry creditors Life insurance (surrender value) Income Tax Superannuation (present value) Other amounts owing (detail) Trade & sundry debtors Furniture/personal effects Other assets (detail) \$ Total Total \$ Lease(s) 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 Bank (Norfina Limited ABN 66 010 831 722) 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 Telephone Banking).

Section 3 Self Employed A	pplicant ,	/ Director / 1	Frustee / Gua	arantor		☑ Please tick app	ropriate boxes
Individual 2							
Please Tick	☐ Self Er	mployed Applic	ant Dir	ector	Trustee Guarantor	Other	
Title	☐ Mr	☐ Mrs ☐	Ms Mis	ss 🗌 Dr	Other		
Date of birth	DD/	' M M / Y Y	YY				
Full Name							
Residential Address							
				State	Postcode	Time There	/
No of Financial Dependents					Age of Financial Dependents		<u> </u>
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							
If any and the second Consultations				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					Us	e annual amount	s divided by 52
							,
Individual 2			<u> </u>				1
Weekly Income		D (T	16 =	Weekly	Expenditure		
+ Salary - attach salary slip		Before Tax Salary	After Tax Salary				Amount \$
Individual 2 income		\$	\$	Home lo	oan repayment/s		\$
	1	T	<u> </u>		al loan repayment/s		\$
Other income (AUSTUDY, part-till dividends, interest, etc) – attach e					Store card/s repayment/s		\$
		Φ.	Φ.				
		\$	\$		pan (Finance co, Other bank)	repayment/s	\$
D.C		\$	\$		ebt repayment/s		\$
Before tax rental income		\$		Rent			\$
Rental income after expenses			\$		Insurance (Life, Health, Home, Car, etc)		\$
				School			\$
+ Self employed applicants		Net Profit	After tax profit	Electric	ity		\$
Profit – attach financial statemen	ıte.	\$	\$	Gas			\$
Total net income per week		Ψ	\$	Telepho			\$
Total fiet income per week			Ψ	-	l expenses		\$
					Council, Water)		\$
				Car / Tr	avei		\$
				Food			\$
Budget Summary		Ι.		Clothing	-		\$
Total net income per week		\$		Enterta			\$
Deduct total weekly payment		\$		Subscriptions			\$
Total usable funds		\$			Superannuation, Gifts, etc.)		\$
				Total w	eekly payments		\$

Statement of assets and liabilities as at Individual 2 Liabilities Assets Amount \$ Amount \$ 1 Loan(s) 1 House/property address Lender Repay \$ Frequency 2 Rural/other property name and address/location 2 3 Plant/machinery/vehicles (details) 3 4 Stock/work in progress 4 Bank, building society, credit union a/cs Unsecured loan(s) Type of a/c Lender Lender Repay \$ Frequency Overdraft Limit Lender Investments Maturity Date Bank/Visa/Master/Other Card(s) Trade & sundry creditors Life insurance (surrender value) Income Tax Superannuation (present value) Other amounts owing (detail) Trade & sundry debtors Furniture/personal effects Other assets (detail) \$ Total Total \$ Lease(s) 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 Bank (Norfina Limited ABN 66 010 831 722) 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 Telephone Banking).

Section 4 Your Supporting Information & Signatures

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

- Statements for all non-Suncorp Bank Loans, Credit Cards or Vehicle finance.
- 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 Bank

Suncorp Bank Small Business Customer Support IPC: RE055, GPO BOX 2432, Brisbane QLD 4001

Fax 07 3031 2008

Email smallbuscustomercare@suncorpbank.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 smallbuscustomercare@suncorpbank.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 Bank 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 (No	ominated 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	D D / M M / Y Y Y Y	 Date	DD/MM/YYYY				
Acknowledg	gements and Declaration on Own Behalf						
Applicant 1 (No	ominated in section 3)	Applicant 2 (Nominated in section 3)					
Signature		Signature					
Date	DD/MM/YYYY	Date	DD/MM/YYYY				