

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"/>		
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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

StatePostcode

Time There /

No of Financial DependentsAge of Financial Dependents

Home Phone Number

()

Mobile Phone Number

Email

Occupation OR if Self Employed, Nature of Business

Employer 1 of Business NameEmployer 1 of Business Phone Number

()

Employer 1 or Business Address

StatePostcode

Time There /

If more than 1 Employer, 2nd Occupation

Employer 2 NameEmployer 2 Phone Number

()

Employer 2 Address

StatePostcode

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, 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 \$
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	\$

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

LenderType of a/c

Investments

Maturity Date

Life insurance (surrender value)

Superannuation (present value)

Trade & sundry debtors

Furniture/personal effects

Other assets (detail)

Total

\$

Liabilities

Amount \$

1 Loan(s)

LenderRepay \$Frequency

2

3

4

Unsecured loan(s)

LenderRepay \$Frequency

Overdraft

LenderLimit

Bank/Visa/Master/Other Card(s)

Trade & sundry creditors

Income Tax

Other amounts owing (detail)

Total

\$

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

Surplus/Deficiency of assets over liabilities	\$
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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 (Norfinia 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).

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

StatePostcode

Time There/

No of Financial DependentsAge of Financial Dependents

Home Phone Number

()

Mobile Phone Number

Email

Occupation OR if Self Employed, Nature of Business

Employer 1 of Business NameEmployer 1 of Business Phone Number

()

Employer 1 or Business Address

StatePostcode

Time There/

If more than 1 Employer, 2nd Occupation

Employer 2 NameEmployer 2 Phone Number

()

Employer 2 Address

StatePostcode

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, 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
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	\$

Individual 2

[illegible]

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

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 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	<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 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 (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