#### **AUSTAGENCIES**

LEVEL 13 / 141 WALKER ST NORTH SYDNEY NSW 2060 PO BOX 1813 NORTH SYDNEY NSW 2059



# Financial Hardship Application Form

**REFERENCE** (Policy number/claim number/other reference)

If you have any questions about the process, or if you require assistance to complete this application, please contact our National Claims team on 02 9930 9580 (Office hours Monday to Friday, 9am to 5pm except public holidays)

Please complete all sec	ctions.			
APPLICANT (If there of	are more than two applica	nts, please complete an addition	nal application)	
Applicant 1:	Surname	Giver	Given name(s)	
Applicant 2:	Surname	Given name(s)		
Postal address				
		State	Postcode	
Preferred contact number		Email		
We will use this email as by post.	ddress for all written comr	nunication unless you advise us	that you want to receive contact	
Dependants:	Name	Age		



## **HARDSHIP DETAILS**

#### CIRCUMSTANCES OF HARDSHIP

Please explain the reason for your application:

## NATURE OF ASSISTANCE

What assistance would you like AUSTAGENCIES to consider?

- Extension of due date for payment. If so, when will you be able to make payment?
- Paying in instalments. What can you afford, how often and over which period?
- Paying a reduced lump sum. What can you afford?
- Postponing one or more instalments. When will you be able to start/re-start making payment?
- Other (including a combination of the above options or a possible waiver of the debt).

Please provide details of what you are seeking: