



Request for Financial Assistance (Business Housing, Investment or Equity)

We understand that unexpected, exceptional circumstances can impact on a customer's financial situation and their ability to make repayments on loans and other credit contracts.

In line with the Code of Banking Practice, we have a policy in place to help customers experiencing genuine difficulty meeting repayments or hardship.

WHEN SHOULD YOU USE THIS APPLICATION?

What should you do if you are suffering hardship or having financial difficulties? Under the Code of Banking Practice, consumers or businesses who are unable to meet their credit repayment obligations, as a result of financial difficulties, can apply to BOQ for assistance.

Where a sudden or unexpected change has occurred through fluctuations in business income, illness, or another reasonable cause and who still expect to be able to meet their credit obligations with assistance from the credit provider, can apply for assistance.

Examples of the types of assistance that we may provide include flexibility in meeting your scheduled repayments, or an extension of your loan term.

WHAT WILL WE DO?

- We will review each application on its merits.
- We may offer assistance to those customers who are assessed to be suffering genuine financial difficulties or hardship but who will still be able to meet their repayment obligations if assistance is provided.
- We may contact you if further supporting documentation/information is required, to better understand your situation. Otherwise a response to your application will be provided in writing to you.

HOW DO YOU APPLY?

- Complete this application form and attach copies of all supporting information (as detailed below).
- You can submit this application form and supporting information in a number of ways:
 - Visit any branch; or
 - Telephone your account manager; or
 - Visit the BOQ website - www.boq.com.au; or
 - Scan and Email to: customerassistanceteam@boq.com.au; or
 - Post to:
Customer Assistance Team
GPO Box 898
Brisbane, QLD 4001
- If you need any assistance in completing this application form, please refer to your nearest branch or call our Customer Assistance Team on 1800 079 866, Monday – Friday 8.30am - 5pm AEST

WHAT SUPPORTING INFORMATION IS REQUIRED?

- Last 2 years Tax Returns or Profit and Loss Statements and a current balance sheet
- Medical certificate or any relevant medical documents (if applicable) Rental Income - current signed lease agreement or agent's statement
- Centrelink documentation (if applicable)
- Evidence to support closure of business (if applicable)
- Any relevant legal documentation
- Any other documents that may support your application



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BUSINESS DETAILS (Non-Personal Applicants)

Business Name:

ABN:

ACN/ARBN:

Business Start Date: □□/□□/□□

Nature of Business:

Trust Details (if applicable):

Current Trading Address:

Postal Address: (if different from above)

Previous Trading Address: (if less than 2 years at current address)

BUSINESS CONTACT INFORMATION – Tick preferred contact method

Business phone no: □□ □□□□ □□□□

Business fax no: □□ □□□□ □□□□

After hours no: □□ □□□□ □□□□

Mobile phone no: □□□□ □□□□ □□□□

Business email:

Personal email:

BUSINESS OWNERSHIP Proprietors, Shareholders, Beneficiaries

Full name	Position	Ownership %

ACCOUNTANTS INFORMATION

Accountant name:

Contact phone no: □□ □□□□ □□□□

Address:

Balance sheet date: □□/□□/□□

Annual income date: □□/□□/□□

Two years financials provided:

APPLICANT 1 DETAILS

APPLICANT 2 DETAILS

Title:

Title:

Full Name:

Full Name:

Date of Birth: □□/□□/□□□□

Date of Birth: □□/□□/□□□□

Current Address:

Current Address:

Postal Address (if different from above)

Postal Address (if different from above)

Residential Status: (please tick relevant option)

Rents Owns Buying Other

Residential Status: (please tick relevant option)

Rents Owns Buying Other

Number of dependants:

Number of dependants:

Age of dependants:

Age of dependants:



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APPLICANT 1 CONTACT DETAILS - Tick preferred contact	APPLICANT 2 CONTACT DETAILS – Tick preferred contact
<input type="checkbox"/> Home phone no: □□ □□□□ □□□□	<input type="checkbox"/> Home phone no: □□ □□□□ □□□□
<input type="checkbox"/> Work phone no: □□ □□□□ □□□□	<input type="checkbox"/> Work phone no: □□ □□□□ □□□□
<input type="checkbox"/> Mobile phone no: □□□□ □□□ □□□	<input type="checkbox"/> Mobile phone no: □□□□ □□□ □□□
<input type="checkbox"/> Email address:	<input type="checkbox"/> Email address:

APPLICANT 1 EMPLOYMENT DETAILS	APPLICANT 2 EMPLOYMENT DETAILS
Occupation:	Occupation:
Employer name:	Employer name:
Duration of employment:	Duration of employment:
Employment status: (e.g. full time)	Employment status: (e.g. full time)
Previous employer name and finish date: (if less than 2 years at current employer)	Previous employer name and finish date: (if less than 2 years at current employer)

BUSINESS FINANCIAL POSITION			
Annual Income			
Sales Income	\$	Addbacks	\$
Gross Profit	\$	Income confirmed	
Net Income before Tax	\$	Method of verification	
ASSETS		LIABILITIES	
Cash	\$	Long term liabilities	\$
Investments (shares etc)	\$	Current liabilities	\$
Inventory on hand	\$	Related loans	\$
Accounts receivable	\$	Other liabilities	\$
Fixed assets	\$		\$
Other assets (intangible/patents etc)	\$		\$
Total Assets	A	Total Liabilities	B
NET POSITION	A MINUS B		

APPLICANT/S FINANCIAL POSITION					
Assets – The Things You Own			Liabilities – The Money You Owe		
PROPERTY ASSETS			MORTGAGES		
Address/s	Value	Organisation	Amount Owing	Credit Limit	Minimum Monthly Payment
	\$		\$	\$	\$
Jointly with:			Jointly with:		



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	\$		\$	\$	\$
Jointly with:		Jointly with:			
	\$		\$	\$	\$
Jointly with:		Jointly with:			
	\$		\$	\$	\$
Jointly with:		Jointly with:			
Total value of property assets	\$	Total Value of mortgages	\$		
MOTOR VEHICLES		OTHER LOANS			
Make & Model	Value	Organisation	Amount Owing	Credit Limit	Minimum Monthly Payment
	\$		\$	\$	\$
	\$		\$	\$	\$
	\$		\$	\$	\$
Total value of property assets	\$	Total Value of mortgages	\$		
INVESTMENTS		OTHER DEBTS (including debts you have guaranteed)			
Superannuation	\$	Description (<i>outstanding rates/insurance etc</i>)			Amount owing
Shares	\$				\$
Total value of investments/shares	\$	Jointly with:			
OTHER ASSETS					\$
Contents	\$	Jointly with:			
Boat/Caravan	\$				\$
Time Share	\$	Jointly with:			
	\$	Total value of other debts			\$
	\$	CREDIT/STORE CARDS			
Total value of other assets	\$	Organisation	Amount Owing	Credit Limit	Minimum Monthly Payment
BANK ACCOUNTS			\$	\$	\$
Organisation	Value		\$	\$	\$
	\$		\$	\$	\$
	\$		\$	\$	\$
	\$		\$	\$	\$
Total value of bank accounts	\$	Total value of credit/store cards		\$	
Total value of assets	A	\$	Total value of liabilities	B	\$
NET POSITION	A MINUS B	\$			



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REASON FOR APPLICATION

Please provide us with as much information below as possible. The more information you provide the better we can understand your situation and assess whether we are able to provide you with financial assistance. If there is insufficient space, please attach additional pages to this form.

Please describe why you are unable to meet your financial obligation? (e.g. illness, loss of employment)

How can we assist? (reduced/deferred payments)

When do you feel you will be able to resume repayments?

APPLICANT(S) MONTHLY FINANCIAL BUDGET

Monthly Income - Individually

PRIMARY INCOME (PAYSLIPS REQUIRED)

Name	Before tax	After tax
	\$	\$
	\$	\$
	\$	\$
	\$	\$

SELF EMPLOYED (ACTIVITY STATEMENTS REQUIRED)

Name	Before tax	After tax
Profit (attach evidence)	\$	\$

OTHER INCOME (DIVIDENDS, CENTERLINK ETC)

Name	After tax
	\$
	\$
	\$
	\$

RENTAL INCOME

Address	Net rental
	\$
	\$
	\$

Total net monthly income	A	\$
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Monthly Expenses - Combined

Food, clothing and entertainment	\$
Utilities (i.e. power, phone, gas)	\$
Insurance (i.e. home, car, life)	\$
Education	\$
Medical Costs	\$
Vehicle running costs	\$
Total loan/mortgage monthly commitments	\$
Total credit/Store card monthly commitments	\$
Other: <i>(Please define)</i>	\$

Total monthly commitments	B	\$
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Total net monthly Income	A	\$
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Less total monthly commitments	B	\$
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TOTALSURPLUS FUNDS	A MINUS B	\$
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REQUEST FOR FINANCIAL ASSISTANCE

I/We request assistance on the following accounts:

Account/Product type	Account Number

Citigroup Pty Limited ABN 88 004 325 080 ACL No 238098 ('Citigroup') is the credit provider and issuer of BOQ Credit Cards. Bank of Queensland Limited ABN 32 009 656 740 AFSL and ACL No 244616 ('BOQ') distributes BOQ Credit Cards under an agreement with Citigroup. Citigroup and BOQ are independent of each other. BOQ does not guarantee or otherwise support Citigroup's obligations under the credit card contract. Citigroup, and not BOQ, will consider any application for credit card assistance.

OFFER TO REPAY

Account Number	Amount Offered	Payment Frequency (weekly, fortnightly, monthly)
	\$	
	\$	
	\$	
	\$	
	\$	

ARRANGEMENTS WITH OTHER CREDIT PROVIDERS

Please provide details of each credit provider, the associated loan/s and details of any assistance that is currently in place

HAS SOMEONE PROVIDED A GUARANTEE FOR YOUR LOAN/S?

If someone is providing a guarantee for these facilities, please provide their name and have them sign the acknowledgement at the end of this application form. Please note that this is not applicable for Credit Card products.

Title:	Full name:
Title:	Full name:

REMINDER: Please have the guarantor sign on the last page of this application



PRIVACY NOTIFICATION AND CONSENT

This Privacy Notification and consent explains how:

- Bank of Queensland Limited ABN 32 009 656 740 ACL 244 616 ('BOQ'), the credit provider for your personal lending facilities and deposit products; and
- where your application also includes an application for credit card assistance on credit cards provided to you as a BOQ customer– the credit provider for these credit cards, Citigroup Pty Ltd ABN 88 004 325 080 ACL 238098 ('Citigroup'),
- collect use and disclose your personal information (including credit information). References to 'you' or 'your' relate to all applicants included in this application form.

If you also apply for credit card financial assistance, then in respect of that application:

- a reference to "we", "our" or "us" in this Notification & Consent will include a reference to Citigroup;
- and any information relevant to guarantors included in this application form will not apply with respect to the credit card financial assistance application.

If at any time you supply us with personal information about another person, you should ensure that you are authorised to do so and you agree to inform that person of our identity and the content of this Notification & Consent.

Collection and use of your personal information

We are required to consider your application for financial assistance under the National Consumer Credit Protection Act 2009. In order to accurately assess your application, we require you to provide specific information, including personal information. We will collect and use this personal information to consider your application for financial assistance in accordance with the Privacy Act 1988 ('Privacy Act').

Where your application relates to a credit card, Citigroup's Privacy Policy will also apply.

You understand that it may also be necessary to disclose certain information about you to, but not limited to, the following entities:

- regulatory and government bodies,
- your or our agents,
- credit and debt agencies,
- contractors and professional advisors who assist us, and
- mortgage insurers.

Authority for BOQ to verify information

You hereby provide BOQ with authority to:

- contact your current or past employers, your accountants and/or solicitors or any other relevant third party to verify the details contained in this application for financial assistance;
- obtain consumer or commercial credit information about you to assess your application for financial assistance or to review any existing credit provided by BOQ to you;
- give to and get from other credit providers (including any other credit provider who has loaned money to you), a credit report about you and information about your credit arrangements, credit worthiness, credit standing, credit history or credit capacity; and
- disclose to a guarantor or potential guarantors any financial particulars relating to your accounts with BOQ and any financial information within the knowledge of BOQ in relation to your affairs.

Authority to exchange information

You authorise BOQ to exchange information concerning your financial affairs with any person acting on your behalf, including your agent, accountant, BOQ financial counsellor, solicitor or broker, provided that if the information relates to your personal credit worthiness (including a credit report), BOQ will only give the information to a person authorised in writing by you to seek access to that information.

You, the applicant/s, authorise the person nominated below to obtain this information:

Primary contact name:	Date of Birth:
Alternate contact name:	Business Phone:
Organisation name:	Fax:
Postal address:	

You, the applicant/s, acknowledge that if we are unable to get in contact with the nominated person, then we will contact you.



APPLICANT/S ACKNOWLEDGEMENT

I/We, the applicant/s, warrant that all the facts and information provided in this application are true and correct and I/we hereby acknowledge that, BOQ and Citigroup (as relevant) in accepting this application have relied upon the truth and correctness of such facts.

Applicant 1 signature

□□/□□/□□

Applicant 2 signature

□□/□□/□□

Guarantor's Sign-off: I/We agree to BOQ considering the applicant/s application for financial assistance. Should the application be approved, I am/we are aware that documents will be provided by BOQ outlining any changes to the applicant/s loan/s and I/we may be required to sign documents agreeing to those amendments.

Guarantor 1 signature

□□/□□/□□

Guarantor 2 signature

□□/□□/□□