

Please return the completed form to **GPO Box 5302, Sydney NSW 2001** or **customerassist@hsbc.com.au**  
"Attention: Customer Assist Team".

HSBC's dedicated Hardship Team of trained professionals are here to individually assess each request for assistance and seek to understand your situation by gathering information from you about:

- How your circumstances have changed and how you expect them to improve
- Your current financial position
- How assistance from us will help you get back on track with your credit card and/or repayments.
- An HSBC representative will contact shortly to discuss your situation. You may be asked to provide some supporting documentation to help us understand your financial position and consider the best type of assistance to help your situation improve.

## PERSONAL DETAILS

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current residential address (cannot be a PO Box)

<input type="text"/>	Postcode
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Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## EMPLOYMENT DETAILS

### BORROWER

Employer's name

<input type="text"/>
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Employer's address

<input type="text"/>	Postcode
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Employer's contact number

<input type="text"/>
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Start date

DD / MM / YY
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### SPOUSE/PARTNER

Employer's name

<input type="text"/>
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Employer's address

<input type="text"/>	Postcode
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Employer's contact number

<input type="text"/>
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Start date

DD / MM / YY
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## REASON FOR ARREARS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Please note:** It is important that you assist in this process by responding promptly to reasonable requests for information, providing current and accurate details of your financial position, providing a realistic repayment plan that will result in the eventual repayment of the debt, and to make whatever payments you can while your application for financial assistance is being considered.

**MONTHLY INCOME** (please provide pay slips)

Borrower			\$
Spouse/Partner			\$
Centrelink payments			\$
Other	1		\$
	2		\$
<b>Total</b>			<b>\$</b>

Number of dependents		Aged	
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## EXPENDITURE (weekly/fortnightly/monthly)

Weekly ☐      Fortnightly ☐      Monthly ☐

Rent/Mortgage/Board		\$
Food		\$
Petrol/Travel		\$
Education/School fees		\$
Childcare		\$
Child Support payments		\$
Medical		\$
Internet		\$
Foxtel		\$
Phone home & mobile		\$
Power		\$
Gas		\$
Water		\$
Rates		\$
Car insurance		\$
Home insurance		\$
Contents insurance		\$
Life insurance		\$
Medical insurance		\$
Other	1	\$
	2	\$
	3	\$
<b>Total</b>		<b>\$</b>

## ASSETS

Value of home/land			\$
Home contents			\$
Motor vehicles	1		\$
	2		\$
Other	1		\$
	2		\$
	3		\$
<b>Total</b>			\$

**LIABILITIES (please provide statements)**

Description	Balance	Arrears
Mortgage	\$	\$

## Creditor and type of debt e.g. credit card

Description	Balance	Amount being paid
Car loan	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

### Other overdue bills

Description	Balance	Amount being paid
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

How much can you afford to pay?

\$ \_\_\_\_\_

How often?

Weekly ☐      Fortnightly ☐      Monthly ☐

How long will you require assistance?

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**Primary account holder's signature**      **Date**

Date \_\_\_\_\_

X	
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DD/MM/YY