



# ANZ Customer Connect: Application for Hardship Assistance

You can send us your completed application form by:

**Fax:**  
 ANZ & Esanda  
 1800 010 057  
 Small Business  
 1800 678 230

**Email:**  
 ANZ & Esanda  
 customerconnect@anz.com  
 Small Business  
 cuscomconnect@anz.com

**Mail:**  
 Locked Bag 10,  
 Collins Street West  
 Melbourne VIC 8007

Date

## SECTION 1: CUSTOMER DETAILS

Customer 1. Full name		Customer 2. Full name	
Customer 1. Date of birth	Customer 1. Email	Customer 2. Date of birth	Customer 2. Email
Customer 1. Work number	Customer 1. Mobile	Customer 2. Work number	Customer 2. Mobile
Home phone number	No. of dependants	Customer living arrangements	

## SECTION 2. ANZ ACCOUNT DETAILS

ANZ account/s you hold

Account number/s

Main reason for hardship

## SECTION 3. INCOME & EXPENSE (FREQUENCIES SELECT WEEKLY, FORTNIGHTLY, MONTHLY OR ANNUALLY)

	Amount	Frequency		Amount	Frequency
Customer 1. Income (after tax)	<input type="text"/>	<input type="text"/>	Customer 2. Income (after tax)	<input type="text"/>	<input type="text"/>
Customer 1. Centrelink income	<input type="text"/>	<input type="text"/>	Customer 2. Centrelink income	<input type="text"/>	<input type="text"/>
Customer 1. Other income	<input type="text"/>	<input type="text"/>	Customer 2. Other income	<input type="text"/>	<input type="text"/>
			<b>Monthly Total income</b>	<input type="text"/>	<input type="text"/>

- Rent/Board
- Basic living household expenses
- Phone & Utilities (gas, water, electricity, rates)
- Motor vehicle expenses (insurance, petrol & registration)
- Other expenses (medical, school, fines, entertainment)

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

	Name of credit providers	Balance	Monthly Total living expenses		Repayment	Frequency
			Credit limit			
Home mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other mortgages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal loans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car loans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit card 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit card 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit card 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overdraft	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

		Assets	Monthly Total liabilities repayments	Value
House property	Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other assets	Details:	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<b>Total assets</b>	<input type="text"/>	<input type="text"/>

## SECTION 4. CUSTOMER DECLARATION

Please tick the following box to confirm that the information completed above is true and correct.