

Personal Financial Summary

PERSONAL DETAILS

Full Name :	_____	Products Selected for Financial Assistance
Contact Number :	_____	<input type="radio"/> Credit Card
Email Address :	_____	Please provide your Account number below for identification purposes
Residential Address :	_____	Account Number : _____
_____	_____	Hardship Reason : _____
_____	_____	_____

INCOME DETAILS

Employment Status / Source of Income	<input type="text" value="v"/>	Personal Monthly Income (After Tax)	<input type="text"/>
Frequency	<input type="text" value="v"/>	Other Household Monthly Income (After Tax)	<input type="text"/>

EXPENSE DETAILS (PLEASE PROVIDE DETAILS OF YOUR TOTAL MONTHLY HOUSEHOLD EXPENSES)

Type of Expense	Monthly Expense	Type of Expense	Monthly Expense
Mortgage / Investment	<input type="text"/>	Food / Groceries	<input type="text"/>
Rent	<input type="text"/>	Utilities (Electricity, Gas, Water, Rates)	<input type="text"/>
Credit Card/s	<input type="text"/>	Mobile / Telephone / Internet	<input type="text"/>
Personal Loan/s	<input type="text"/>	Travel / Fuel	<input type="text"/>
Vehicle Loan/s	<input type="text"/>	Medical / Health Fund	<input type="text"/>
School Fees	<input type="text"/>	Insurance (Property, Content, Vehicle)	<input type="text"/>
Entertainment / Subscriptions	<input type="text"/>	Body Corporate / Strata fees	<input type="text"/>
		Other Expenses	<input type="text"/>
			Total Expenses <input type="text"/>



ASSETS AND LIABILITIES - HOME LOANS AND INVESTMENTS

Assets		Amount Owing	Total Value of Property
Residential Property	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Investment Properties	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

INCOME AND EXPENSES SUMMARY

Surplus / Deficit
(Total Monthly Household Income less Total Expenses)

ARRANGEMENT TO PAY (If you are suffering financial difficulty and would like to propose a payment arrangement, please fill out the below. Otherwise, please leave blank.)

Description	Proposed Amount	Frequency	First Payment Date
Arrangement to Pay	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/> (DD/MM/YYYY)

Additional Information: Provide any information you would like us to take into consideration when reviewing this request.

Important Information: If you have been paying for credit card insurance, you may be eligible to make a claim with the insurer. Your credit card statement will indicate the name of the insurer you need to contact. A credit card insurance policy wouldn't preclude you from applying for financial hardship assistance if you still require it.

I declare that the particulars in this statement and accompanying documents are true and correct in every detail, disclosing income derived from all sources. I acknowledge that provision of false or misleading information could result in cancellation of any agreements and the initiation of legal action for debt recovery as can failure to make payments that are owing on any official arrangement. I consent to the use and collection of any sensitive information that has been disclosed in this form.

Customer's Name	Customer's Signature	Date (DD/MM/YYYY)	
Please return completed form via email, mail or online documents upload feature by signing on to your Virgin Money Online Account. Go to Services > Card Services > Document Upload. https://virginmoney.com.au/credit-card/tools-and-calculators/upload-documents-online			
Team	Email Address	Mailing Address	Phone
Credit Cards	hardship@my.virginmoney.com.au	PO Box 3453, Sydney, NSW 2001	1800 255 304 (9am to 9pm AEST)

If you hold a NAB branded product and require financial hardship assistance on that product, please contact NAB Customer Care on 1800 701 599 (8:00am-8:00pm Monday-Friday and 9:00am-1:00pm Saturday AEST).

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Our/us/we means NAB unless the context otherwise requires it.