

Your title: _____ First name: _____ Middle name: _____ Last name: _____
 Address: _____
 Home phone: () _____ Work phone: () _____ Mobile number: _____
 Occupation: _____ Employer: _____ Email: _____
 Name, address and contact number of next of kin: _____

YOUR CREDIT CARD ACCOUNTS WITH US

Account number	Type of product	Days past due	Balance	Overlimit	Min. monthly repayment
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Total			\$	\$	\$

YOUR LIABILITIES (OTHER INSTITUTIONS) - CREDIT CARDS, LINES OF CREDIT, STORE CARDS, PERSONAL LOANS

Account number	Type of product	Institution name	Balance	Overlimit	Min. monthly repayment
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Total			\$	\$	\$

YOUR ASSETS AND LIABILITIES - HOME LOANS, INVESTMENTS, MOTOR VEHICLES, OTHERS

Assets	Institution name	Total current value	Balance owing	Monthly repayments
Residential Property		\$	\$	\$
Investment Property		\$	\$	\$
Motor Vehicles/Boats		\$	\$	\$
Others (Insert Type)		\$	\$	\$
Others (Insert Type)		\$	\$	\$
Shares		\$		
Superannuation		\$		
Savings		\$		
Household Items		\$		
Total		\$	\$	\$

YOUR MONTHLY INCOME AND EXPENSES

Type of income	Net monthly income	Type of expense	Monthly repayments
Account Holder	\$	Rent	\$
Spouse	\$	Body Corporate/Strata Fee	\$
Pension/Social Security Benefits	\$	Land & Water Rates	\$
Family Assistance/Child Support	\$	Utilities (Electricity, Gas, Telephone, Mobile, etc.)	\$
Board/Rent	\$	Food	\$
Dividends	\$	Petrol/Travel	\$
Interest	\$	Medical/Health Fund	\$
Others (Insert Type)	\$	Others (Insert Type)	\$
Others (Insert Type)	\$	Others (Insert Type)	\$
Others (Insert Type)	\$	Others (Insert Type)	\$
Others (Insert Type)	\$	Others (Insert Type)	\$
Total		\$	\$

YOUR REASONS FOR FINANCIAL DIFFICULTY

Please provide reasons for experiencing financial difficulty and any additional information you may have -

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DECLARATION

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 understand 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.

Your name:

Your signature:

Date:

Please fax your completed form and supporting documentations to **1300 550 218**, or alternatively post it back to us at **Virgin Money, PO Box 3453, Sydney NSW 2001**. Any questions? We're here to help, so just give us a call on **1800 255 304**.

