

Statement of Financial Position

Complete the form using blue or black pen and print in clear CAPITAL LETTERS

Please return the completed form to **GPO Box 5302, Sydney NSW 2001** or **financialhardship@hsbc.com.au** "Attention: Financial Hardship".

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		
Current reside	ential address <i>(cannot be a PO Box)</i>			
		Postcode		
Account numb				
EMPLOYME	NT DETAILS			
BORROWER				
Employer's na	me			
Employer's ad	dress			
		Postcode		
Employer's co	ntact number Start date DD / MM / YY			
SPOUSE/PAR	TNER			
Employer's na	me			
Employer's ad	dress			
		Postcode		
Employer's co	ntact number Start date DD / MM / YY			
REASON FO	R ARREARS			

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	\$
Total		\$

Number of dependents	А	ged	

EXPENDITURE (weekly/fortnightly/monthly)

Weekly	Fortnig	htly Monthly
Rent/Mo	rtgage/Board	\$
Food		\$
Petrol/Tr	avel	\$
Education	n/School fees	\$
Childcar	e	\$
Child Su	pport payments	\$
Medical		\$
Internet		\$
Foxtel		\$
Phone h	ome & mobile	\$
Power		\$
Gas		\$
Water		\$
Rates		\$
Car insu	rance	\$
Home in	surance	\$
Contents	s insurance	\$
Life insu	rance	\$
Medical	insurance	\$
1		\$
Other 2		\$
3		\$
Total		\$

ASSETS

Value of home/land		ome/land	\$	
Home contents		ents	\$	
Motor vehicles		1		\$
		2		\$
	1			\$
Other	2			\$
	3			\$
Total			\$	

LIABILITIES (please provide statements)

Description	Balance	Arrears
Mortgage	\$	\$

Creditor and type of debt e.g. credit card

Description Description	Balance	Amount being paid
Car Ioan	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
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?

Primary account holder's signature

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