

Application Form

Application for hardship



Personal details

Applicant's personal details

Mr
 Mrs
 Ms
 Miss
 Other

Full legal name

First
 Last

Date of birth

Gender

Male
 Female

Relationship status

Single
 Married
 De facto
 Divorced

Age of dependants in your care

Residential Address

Street address
 Suburb
 Town/City Postcode

Postal address

(if different from current residential address above)

Residence Type

Own your own home
 Rent
 Board
 Live with relatives
 Supplied by employer
 Other

Telephone

Work
 Mobile

Email address

By providing this email address you consent to BNZ contacting you by email about this application.

Type of employment

Full-time
 Part-time
 Self employment
 Retired
 Other

Employer
 Position Years

Joint applicant's personal details

Mr
 Mrs
 Ms
 Miss
 Other

Full legal name

First
 Last

Date of birth

Gender

Male
 Female

Relationship status

Single
 Married
 De facto
 Divorced

Age of dependants in your care

Residential Address

Street address
 Suburb
 Town/City Postcode

Postal address

(if different from current residential address above)

Residence Type

Own your own home
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 Board
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Employer
 Position Years

Non-BNZ Housing Loans*

Please circle: W = Weekly, F = Fortnightly, M = Monthly, A = Annually

Housing loan	Provider <input type="text"/>	Current Balance <input type="text"/>	Payment Amount <input type="text"/>	Frequency <input type="text"/>
	Interest Rate <input type="text"/>	Loan Start Date <input type="text"/>	Loan Documented Term <input type="text"/>	Int-Only End Date (if applicable) <input type="text"/>
Housing loan	Provider <input type="text"/>	Current Balance <input type="text"/>	Payment Amount <input type="text"/>	Frequency <input type="text"/>
	Interest Rate <input type="text"/>	Loan Start Date <input type="text"/>	Loan Documented Term <input type="text"/>	Int-Only End Date (if applicable) <input type="text"/>
Revolving home loan	Provider <input type="text"/>	Limit <input type="text"/>	Current Balance <input type="text"/>	Payment Amount <input type="text"/>
	Interest Rate <input type="text"/>	Loan Start Date <input type="text"/>	Loan Documented Term <input type="text"/>	Frequency <input type="text"/>
Revolving home loan	Provider <input type="text"/>	Limit <input type="text"/>	Current Balance <input type="text"/>	Payment Amount <input type="text"/>
	Interest Rate <input type="text"/>	Loan Start Date <input type="text"/>	Loan Documented Term <input type="text"/>	Frequency <input type="text"/>

*If there are more than two housing loans and/or more than two revolving home loans, information relating to these extra loans must be provided on the Supplementary Lending form.

Other Non-BNZ Loans*

Please circle: W = Weekly, F = Fortnightly, M = Monthly, A = Annually

	Provider	Limit(s)	Current Balance	Payment Amount	Frequency
Line of credit	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	W F M A
Overdraft	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	W F M A
Credit card(s)	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	W F M A
Personal loan	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	W F M A
Store card(s)	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	W F M A
Hire purchase	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	W F M A
Student loan	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	W F M A

Other financial commitments

	Current Payment	Frequency
Rent or board payments	\$ <input type="text"/>	W F M A
Family support payments	\$ <input type="text"/>	W F M A
Body corporate fees	\$ <input type="text"/>	W F M A
Other <input type="text"/>	\$ <input type="text"/>	W F M A

Your living expenses

Please provide your living expenses including any increases to expenditure expected in the next 12 months

	Amount	Frequency
Childcare and education (e.g. School fees / uniforms, after school care, nursery, nanny, etc.)	\$ <input type="text"/>	W F M A
Sports/activities (e.g. Gym membership, sports, hobbies, etc.)	\$ <input type="text"/>	W F M A
Superannuation (e.g. Compulsory, Voluntary)	\$ <input type="text"/>	W F M A
Rates	\$ <input type="text"/>	W F M A
Motor vehicle (e.g. Registration, Fuel, Maintenance, etc.)	\$ <input type="text"/>	W F M A
Utilities (e.g. Electricity, Gas, Water, Telephone, TV, Mobile, Internet, etc.)	\$ <input type="text"/>	W F M A
Food (e.g. Markets, Supermarkets, Online, etc.)	\$ <input type="text"/>	W F M A
Insurances (e.g. General (house, car, contents), Health, Life, Income, Pet, etc.)	\$ <input type="text"/>	W F M A
Clothing	\$ <input type="text"/>	W F M A
Other regular payments	\$ <input type="text"/>	W F M A

Please circle:
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Your income

Personal income

Applicant 1

	Gross	Net	Amount	Frequency
Salary/Wages	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	W F M A
Other Income Type (please specify) e.g. Rental Income, Working for Families, Investment Income, Bonus, Boarder Income	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	W F M A
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	W F M A
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	W F M A
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	W F M A

Please circle:
W = Weekly, F = Fortnightly,
M = Monthly, A = Annually

Income during hardship

Expected income post hardship

Name of Budget Advisor

Budget Advisor Phone

By applying for hardship you consent to BNZ contacting your Budget Advisor

By applying for hardship you consent to BNZ conducting a Credit Check

Declaration

I/We certify that all the information set out in this application is true and complete. I/We hereby authorise the Bank to make any enquiries it considers necessary for the Bank to determine whether or not to approve a variation to my/our consumer credit contract due to financial hardship for which I/we make formal application (including contacting my/our employer or accountant/financial adviser or doctor/medical adviser to verify the details I/we have provided on this form).

Consent to electronic disclosure

You consent to us:

- (a) meeting our disclosure obligations to you under the Credit Contracts and Consumer Finance Act 2003; and
- (b) sending you other notices and communications in relation to this facility/facilities,

in electronic form and by electronic communication (if applicable). You agree that this may include:

- (c) us sending you an email, to the most recent email address you have provided to us, that allows a disclosure statement and/or other information, including the terms of this facility/facilities and any related product (for example, insurance) or service, to be accessed from a website or by means of the internet by commonly used internet browsers (including, but not limited to, Internet Explorer, Safari and Google Chrome). You acknowledge that this may include us sending you an email telling you that a disclosure statement and/or other information is available through BNZ internet banking instead of sending you that information by post;
- (d) us sending you an email, to the most recent email address you have provided to us, with a copy of a disclosure statement and/or other information, including the terms of this facility/facilities and any related product (for example, insurance) or service, attached to the email in PDF form; and/or
- (e) if you have BNZ internet banking, us making available, through BNZ internet banking, ongoing information about this facility/facilities (for example, payments you have made during a relevant period) instead of sending you paper statements. You acknowledge that this means you may not receive paper statements.

We will tell you before we stop sending you paper continuing disclosure statements.

You agree that any electronic communication is treated as being received by you at the time that it leaves our information system.

Please note that emails are transmitted over the internet which is an insecure public domain. There is a risk that emails could become corrupted, may not be delivered or may be delivered to the incorrect email address or intercepted.

Signature |

D | D | M | M | Y | Y

Signature |

D | D | M | M | Y | Y

Please send your completed application, and supporting documentation, to us at bnzcare@bnz.co.nz, or mail it to BNZ Care, Private Bag 92089, Auckland 1142, or take it into a BNZ Branch.

We will confirm our decision in writing within 20 working days of receiving your completed hardship application. If we require further information, if returned to us in the specified time, we will confirm our decision in writing within 10 working days.

For advice or assistance completing your application, please contact us on 0800 375 007, between 8:00am to 5:00pm Monday – Friday.

Credit approval

Application approved

Application declined

Details

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