Application for hardship



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Personal details	Joint applicant's personal details
Applicant's personal details	Mr Mrs Ms Other
Mr Mrs Ms Other	Full legal name
Full legal name	First
First	Last
Last	LOST
Date of birth Gender	Date of birth Gender
D D M M Y Y Male Female	D D M M Y Y Male Female
Deletion by the state of	Relationship status Age of dependants in your care
Relationship status Age of dependants in your care	Single Married De facto Divorced
Single Married De facto Divorced	Residential Address
Residential Address	
Street address	Street address
Suburb	Suburb
Town/City Postcode	Town/City Postcode
Postal address	Postal address (if different from current residential address above)
(if different from current residential address above)	(II different from Current residential address above)
Residence Type	Residence Type
Own your own home Rent Board Live with relatives	Own your own home Rent Board Live with relatives
Supplied by employer Other	Supplied by employer Other
Telephone	Telephone
Work 0 Mobile 02	Work 0 Mobile 02
	Home 0
Home 0	Tionic 0
Email address	Email address
By providing this email address you consent to BNZ contacting you by email about this application.	By providing this email address you consent to BNZ contacting you by email about this application.
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	Provider	Limit(s)		Current Balance	е		Pay	ment	Amount	F	requ	iency		
ine of credit ——		\$		\$			\$				W	F	M	Α
Overdraft ———		\$		\$			\$				W	F	M	Α
Credit card(s)		\$		\$			\$				w	F	M	Α
Personal loan ——				\$			\$				W	F	M	Α
Store card(s) ——		\$		\$			\$				W	F	M	Α
Hire purchase ——		\$		\$			\$			H	W	F	M	Α
Student loan ——				\$			\$				W	F	M	Α
Other finan	cial commitments		_			Frequ								
Rent or board payı				\$		Please W	e circl	e:W=	Weekly, F = I	Fortnight	.y, N	1 = Mo	onthl	y, A =
Family support pa			_	\$		w	F	M	A					
Body corporate fee			_			w	F	M	A					
	C3			\$										
Other –				\$		W	F	M	Α					
Superannuation (e.	.g. Compulsory, Voluntary)			\$ \$ \$		w	F	M	A					
Superannuation (e Rates — Motor vehicle (e.g. Willities (e.g. Electric Food (e.g. Markets, Si Insurances (e.g. Ger	Registration, Fuel, Maintenance, etc., city, Gas, Water, Telephone, TV, Mobile supermarkets, Online, etc.)	e, Internet, etc.)		\$ \$ \$ \$ \$ \$										
Rates Motor vehicle (e.g. Utilities (e.g. Electric Food (e.g. Markets, Si Insurances (e.g. Ger Clothing Other regular payr Your income Personal income Applicant 1	Registration, Fuel, Maintenance, etc., city, Gas, Water, Telephone, TV, Mobile supermarkets, Online, etc.) meral (house, car, contents), Health, Liments	e, Internet, etc.)	Gross Net A	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		w w w w	F F F F	M M M M	A A A A	Please W=W			Fortr	niahtly
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Applicant 2	Gross Net			uency			Please circle:
Salary/Wages Other Income Type (please specify)	-00	\$	W	F	M	Α	W = Weekly, F = Fortnightly, M = Monthly, A = Annually
e.g. Rental Income, Working for Families, Investment Income, Bonus, Boarder Inc	come						, , , , , , , , , , , , , , , , , , , ,
		\$	W	F	M	Α	
		\$	w	F	M	Α	
		\$	w	F	M	Α	
		\$	w	F	M	Α	
Income during hardship —		\$					
Expected income post hardship		\$					
Name of Budget Advisor —							
Budget Advisor Phone —							
By applying for hardship you consent to BNZ contacting your Buc	daet Advisor						
By applying for hardship you consent to BNZ conducting a Credit							
by applying for nardship you consent to BNZ conducting a credit	. CHECK						
Application details							
BNZ facilities for which hardship application is sought Please enter all account/loan numbers for which hardship relief is sought.							
Please enter all account/loan numbers for which hardship relief is sought.							
Reasons for hardship request							
Please attach any supporting information relevant to your application (e.g. media	cal certificate, letter fr	om employer, lawyer, insura	nce comp	oany).			
Illness							
Injury							
Loss of employment (unforeseen)							
End of relationship (de facto partner, civil union partner, spouse)							
Death (de facto partner, civil union partner, spouse)							
Other (please provide more information in the following details section)							
Details							
Changes sought to your consumer credit contract							
Extension to contract term and repayment reduction. This will increase the amount of interest payable over the life of the loan.							
Postponement of regular repayments.							
This will increase your repayments at the end of the hardship period.							
Extend contract term, reduce and postpone repayments. This will increase the amount of interest payable over the life of the loan.							
How long do you want this change for?							

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.

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Signature	I.
Signature	
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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