Personal Financial Summary

PERSONAL DETAILS

Full Name :

Contact Number : Area code

Email Address :

Residential Address :

Products Selected for Financial Assistance

☐ Credit Card

Please provide your Account number below for identification purposes

Account Number :

Hardship Reason : Please select

Specify others

INCOME DETAILS

Employment Status / Source of Income: Please select

Frequency: Please select

Personal Monthly Income (After Tax)

Other Household Monthly Income (After Tax)

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

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

Total Expenses $ 0.00

ASSETS AND LIABILITIES - HOME LOANS AND INVESTMENTS

Assets			Amount Owing	Total Value of Property
Residential Property	☐ Yes	☐ No		
Investment Properties	☐ Yes	☐ No		

INCOME AND EXPENSES SUMMARY

Surplus / Deficit
(Total Monthly Household Income less Total Expenses) $ 0.00

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		Please select	(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).