



You can send us your completed application form by:

**Fax:**  
 ANZ & Esanda  
 1800 010 057  
 Small Business  
 1800 678 230

**Email:**  
 ANZ & Esanda  
 customerconnect@anz.com  
 Small Business  
 cuscomconnect@anz.com

**Mail:**  
 Locked Bag 10,  
 Collins Street West  
 Melbourne VIC 8007

Date

## SECTION 1: CUSTOMER DETAILS

Customer 1. Full name

Customer 1. Date of birth

Customer 1. Work number

Home phone number

Customer 1. Email

Customer 1. Mobile

No. of dependants

Customer 2. Full name

Customer 2. Date of birth

Customer 2. Work number

Customer living arrangements

Customer 2. Email

Customer 2. Mobile

## SECTION 2. ANZ ACCOUNT DETAILS

ANZ account/s you hold

Main reason for hardship

Account number/s

## SECTION 3. INCOME & EXPENSE (FREQUENCIES SELECT WEEKLY, FORTNIGHTLY, MONTHLY OR ANNUALLY)

	Amount	Frequency
Customer 1. Income (after tax)	<input type="text"/>	<input type="text"/>
Customer 1. Centrelink income	<input type="text"/>	<input type="text"/>
Customer 1. Other income	<input type="text"/>	<input type="text"/>

	Amount	Frequency
Customer 2. Income (after tax)	<input type="text"/>	<input type="text"/>
Customer 2. Centrelink income	<input type="text"/>	<input type="text"/>
Customer 2. Other income	<input type="text"/>	<input type="text"/>

### Monthly Total income

- Rent/Board
- Basic living household expenses
- Phone & Utilities (gas, water, electricity, rates)
- Motor vehicle expenses (insurance, petrol & registration)
- Other expenses (medical, school, fines, entertainment)

Amount	Frequency
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### Monthly Total living expenses

Name of credit providers	Balance	Credit limit
Home mortgage	<input type="text"/>	<input type="text"/>
Other mortgages	<input type="text"/>	<input type="text"/>
Personal loans	<input type="text"/>	<input type="text"/>
Car loans	<input type="text"/>	<input type="text"/>
Credit card 1	<input type="text"/>	<input type="text"/>
Credit card 2	<input type="text"/>	<input type="text"/>
Credit card 3	<input type="text"/>	<input type="text"/>
Overdraft	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Repayment	Frequency
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### Monthly Total liabilities repayments

Assets	Value
House property Address: <input type="text"/>	<input type="text"/>
Other assets Details: <input type="text"/>	<input type="text"/>

### Total assets

## SECTION 4. CUSTOMER DECLARATION

Please tick the following box to confirm that the information completed above is true and correct.