

PERSONAL DETAILS

Full Name	:	_____	Products Selected for Financial Assistance
Contact Number	:	_____	<input type="radio"/> Credit Card
Email Address	:	_____	Please provide your Account numbers below for identification purposes
Residential Address	:	_____	Account Number : _____
_____			Hardship Reason : _____

Employment Status / Source of Income	<input type="text"/>	Personal Monthly Income (After Tax)	<input type="text"/>
Frequency	<input type="text"/>	Other Household Monthly Income (After Tax)	<input type="text"/>

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	

ASSETS AND LIABILITIES - HOME LOANS AND INVESTMENTS

Assets		Amount Owing	Total Value of Property
Residential Property	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Investment Properties	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

INCOME AND EXPENSES SUMMARY

Surplus / Deficit

(Total Monthly Household Income less Total Expenses)

ARRANGEMENT TO PAY (If you are suffering financial difficulty and would like to propose a payment arrangement, please fill out the section below. Otherwise, please leave blank.)

Description	Proposed Amount	Frequency	First Payment Date
Arrangement to Pay	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value=""/> (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 or mail by posting to mailing address provided below.

Team	Email Address	Mailing Address	Phone
Credit Cards	hardship@premier.qantasmoney.com	PO Box 3453, Sydney, NSW 2001	1800 288 496 (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).

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