Credit assistance application

In this document, "the Bank", "we", "us", and "our" means Teachers Mutual Bank Limited and "you" means the person applying for or with one or more of our products and services.

This form is to be completed to enable the Bank to consider a request for assistance related to financial hardship you are experiencing. If you provide all the information requested on the form by the date shown below, we will get back to you with a decision on your application within 14 days. For assistance in completing any section of this form, please call Credit Assistance on **(02) 8831 1919** 9am to 5pm, weekdays.

- You must complete all sections of this application and answer all questions in full.
- Supporting documentation is required for income and expenses.
- Please ensure this application and all relevant documentation is forwarded to this office prior to to avoid cancellation.

What are your personal details?

First account holder details

Title Mr Mrs Ms Miss Other			Member no		
First names			Surname		
Residential address					
Suburb		State			Postcode
Postal address (if different from above)					
Suburb State					Postcode
Home phone Work phone		Mobile ph		Mobile ph	ione
Email					
Date of birth Age			Occupation		
Name of employer					
Age of dependant children years years	years				
Second account holder details (if appl	icable)				
Title Mr Mrs Ms Miss Other			Member no		
First names		Surname			
Residential address					
Suburb		State			Postcode
Postal address (if different from above)					
Suburb Sta			State		Postcode
Home phone Work phone			Mobile p		lone
Email					
Date of birth Age			Occupation		
Name of employer					
Age of dependant children years years	years				

Please provide reasons for your application for credit assistance

I/We wish to apply for assistance due to the following reasons:

I/We hav	I/We have made the following arrangements with other creditors:			
1.				
2.				
3.				
4.				
I have no	arrangements with other creditors	• • • • • • • • • • • • • • • • • • • •		

Statement of financial position

As at	Member no	
Liabilities		Balance owing
Home Loan (with us)		
Personal loan (with us)		
Other loans (who with?)		
Credit/store card/s (who with	and limit?)	
Hire purchases/lease		
Other liabilities (please outline	.)	
Total Liabilities		

Assets	Estimated value
Property at	
Motor vehicle (include make, rego, year)	
Shares/savings/investments (who with?)	
Other assets (outline details)	
Total Assets	

Monthly Commitments	Income (monthly)	
Mortgage repayments	Salary (net after tax)	9 9 9 9 9 9 9 9 9
Rent	Salary of spouse/partner (net after tax)	
Other Loan repayments (total)	Other employment	
Credit Card repayments (total)	Overtime	
Child support	Rent received	
Rates	Government benefits	
Groceries		
Childcare & education		
Medical & health costs		
Transportation costs		
Property expenses		
Entertainment & recreation		
Phone, internet, streaming & pay TV		
Clothing & personal care		
Insurances		
Total Monthly Commitments	Total Monthly Income	

Please sign below in black pen only

I/We understand that the information stated in this Credit assistance application is true and correct in every particular and is a full and complete disclosure of my/our financial position.

First account holder		Second account holder	
Signature	Date	Signature	Date

Please attach:

Your last payslip/Centrelink statement

All other relevant documentation (where applicable)

only	Lenders Mortgage Insurance Yes No	Retu	urning this form
e use ol	Company Name Policy No		Teachers Mutual Bank Limited, PO Box 8385 Parramatta Westfield NSW 2150
Office	Loan Repayment Insurance Yes No Type of cover	@	creditassistance@tmbl.com.au