

Personal Financial Summary

PERSONAL DETAILS

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

INCOME DETAILS

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"/>

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

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

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 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"/>

(DD/MM/YYYY)

Additional Information: Provide any information you would like us to take into consideration when reviewing this request.

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 by mail to the address provided below.

Team	Email Address	Mailing Address	Phone
Credit Cards	cardshardship@cards.koganmoney.com.au	PO Box 3453, Sydney, NSW 2001	1800 133 397 (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).

Kogan Money Credit Cards are issued by National Australia Bank Limited (ABN 12 004 044 937, AFSL and Australian Credit Licence 230686) ("NAB"). NAB has acquired the business relating to these products from Citigroup Pty Ltd (ABN 88 004 325 080, AFSL and Australian Credit Licence 238098) ("Citi") and has appointed Citi to assist to administer the products.

Our/us/we means NAB unless the context otherwise requires it.