

Mutual Aid - Request for Relief - Reduced Hours



People's Choice Credit Union,
a trading name of Australian Central Credit Union Ltd
ABN 11 087 651 125, acts under its own
Australian Financial Services Licence (AFSL 244310)
and Australian Credit Licence (ACL 244310)
T 13 11 82 peopleschoicecu.com.au

(THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY)

	Member No.					
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other please specify	
Member name:	First name(s)		Surname			
Address:						
	Suburb		State	Postcode		
Date of Birth:						
Contact details:	Home		Mobile			
	Business		Email			

Employment Particulars

Employer:					
Address:					
	Suburb		State	Postcode	
Telephone contact details:					
Date Employment Commenced:			Date Employment Changed:		
Nature of Employment:	<input type="checkbox"/> permanent	<input type="checkbox"/> part time	<input type="checkbox"/> contract	<input type="checkbox"/> seasonal	<input type="checkbox"/> casual
	<input type="checkbox"/> other, please provide details				
Reason for Employment hours decreasing:					
Have you commenced further Employment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what date did / will you commence?		
Do you receive any other form of income? i.e: Centrelink, Workcover, Income Protection etc.	<input type="checkbox"/> Yes	Provide details:			
	<input type="checkbox"/> No	Reason i.e. partner works etc.:			

Declaration and Authority

I (full name)

_____ hereby request financial assistance and warrant the truth of the foregoing statements and particulars (including any additional information requested of me) in every respect and declare that I have not or will not abstain from my usual professional/ business/occupation, either entirely or partially, longer than absolutely necessary in consequence of the said reduced hours and that such reduced hours is the sole cause of my financial hardship.

Please retain a copy of the completed form for your records.

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I hereby give consent for People's Choice Credit Union, a trading name of Australian Central Credit Union Ltd of 60 Light Square, Adelaide SA 5000 to contact my employer/s to confirm details of my Mutual Aid – Request for Relief. I understand that I may be required to provide additional information to support this Request for Relief.

I voluntarily give this consent and understand all information obtained will be kept confidential.

Member signature: **This form must be hand
signed with your personal signature**

	Date
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Third Party Authority to make and receive enquiries in relation to my Mutual Aid – Request for Relief

If you wish to provide authority for another person to discuss your application on your behalf, please complete the authorisation and return with your application.

I (full name) _____ freely give permission for:

Name: _____

Address: _____

Contact Ph. No.: _____

To contact and be contacted to discuss information relating to and about my Mutual Aid – Request for Relief of which this person is aware. I understand that this authorisation shall be valid until my application is finalised, and that I have a right to revoke this authorisation by written notification.

Member signature: **This form must be hand
signed with your personal signature**

	Date
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Print Name

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People's Choice Credit Union Use Only

Loan No:

Branch

Disbursement date:

Cessation date:

Repayment: PW / PF / PM

Operator's name

Print	Date
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