VOLKSWAGEN FINANCIAL SERVICES

FINANCE. FLEET. INSURANCE. MOBILITY.

Hardship Application Form

Please fill in this hardship application and return it to the Volkswagen Financial Services Hardship Team as soon as practicable:					
Email: hardship@vwfs.com.au Fax	: (02) 9695 6399				
VWFSA Contract Number/s:					
Section A - Borrower Details					
Borrower 1					
Company/Partnership Name (if applic	able):				
Title:	○ Mr ○ Mrs ○ Ms ○ Miss ○ Dr ○ Prof ○ Other (please specify)				
Surname:					
Given Name/s:					
Number of Dependants (if applicable)					
Marital Status (if applicable):	○ Married ○ De-facto ○ Single ○ Other (please specify)				
Home Phone Number:	Mobile Phone Number:				
Work Phone Number:					
Email Address:					
Home/Business Address:					
Employment Details:	○ Full-time ○ Part-time ○ Self employed ○ Retired ○ Casual or Contractor ○ Home Duties ○ Student ○ Unemployed				
Employer Name:					
Borrower 2					
Company/Partnership Name (if applicable):					
Title:	○ Mr ○ Mrs ○ Ms ○ Miss ○ Dr ○ Prof ○ Other (please specify)				
Surname:	, , ,				
Given Name/s:					
Number of Dependants (if applicable)					
Marital Status (if applicable):	○ Married ○ De-facto ○ Single ○ Other (please specify)				
Home Phone Number:	Mobile Phone Number:				
Work Phone Number:					
Email Address:					
Home/Business Address:					
Employment Details:	Full-time				
Employer Name:					

Volkswagen Financial Services Australia Pty Limited ABN 20 097 071 460, Australian Credit Licence 389344 | Locked Bag 4002, Chullora NSW 2190 Customer Service Phone 1300 734 567 | Fax 02 9695 6399

If you are more than one borrower please complete Section B to Section E jointly.

Section B - Hardship Request						
	nployment Overcommit ness failure Family break	. , , ,		e		
What is the expected period of your financial difficulties: O Short Term (3 months or less) O Long Term						
How do you propose that your credit contract should be varied on account of your financial hardship? Please indicate an amount if any that you are able to contribute to your credit contract repayments at the moment:						
If you expect your financial difficulties to be short term, what changes in your circumstances do you expect to occur, and when?:						
Section C – Your Monthly Income						
	Individual Borrower/S	ole Trader	Company/Partnership	(if applicable)		
Net Income (after tax):	\$		\$			
Overtime/Commission Payments:	\$					
Rental Income:	\$		\$			
Share Dividends:	\$		\$			
Interest Earned:	\$		\$			
Government Support (incl. Centrelink):	\$					
Child Support:	\$					
Other:	\$	\$		\$		
Total Monthly Income:	\$		\$			
Section C – Your Assets And Liabilities						
Assets	Total Estimated Value	Liabilities	Total Estimated Value	Monthly Repayment		
Home/Commercial Premises:	\$	Home Loan/s:	\$	\$		
Other Property:	\$	Personal Loan/s:	\$	\$		
Cash at Bank (Bank account balance):	\$					
Motor Vehicle:	\$	Credit Card/s:	\$	\$		
All Other Assets (shares, land, bonds etc):	\$	Other Debt/Loan/s:	\$	\$		
Total Estimated Value of Assets:	Total Monthly Repayme		ents:	\$		

Section D – Your Expenses					
	Monthly Expense				
Rent/Board	\$				
Insurance Payment (car, home, life insurance etc.)	\$				
General Living Expenses/Entertainment (electricity, gas, telephone, clothing etc.)	\$				
School Fee/s	\$				
Other (please specify):	\$				
Total monthly expenses	\$				
Section E – Attachment/s					
Please include any documentation you may have to	support your application for hardship:				
Pay Slip					
☐ Centrelink Statement ☐ Bank Statement ☐ Other (please specify below)					
Section F – Guaranteed Future Value A	scknowledgement				
If you are applying for hardship for a Guaranteed Future Value/Choice Consumer Loan or Guaranteed Future Value/Choice Chattel					
Mortgage Contract, please acknowledge below.					
Borrower 1					
I,					
Borrower 2					
l,					
acknowledge that if this Hardship application is approved and the term of my Contract is extended, I am no longer entitled to exercise my Guaranteed Future Value Return Option.					
Section G – Applicant Signature					
Signature – Borrower 1	Signature – Borrower 2				
If Company Office Held (Diseases of County)	If Company Office Held (Discotor or Country)				
If Company – Office Held (Director or Secretary)	If Company – Office Held (Director or Secretary)				
Date	Date				