FINANCIAL HARDSHIP APPLICATION FORM

Active Debt Recovery and our clients are committed to giving consideration to debtors experiencing financial difficulties. One way in which we endeavour to assist eligible debtors is by enabling them to pay their debt over time.

Completing this application form will allow us to assess your eligibility for financial hardship.

Depending on your situation, you may need to provide a separation certificate, Centrelink income statement, medical certificate, bank statement, group certificate, etc.

We will advise what documents are required with 3 business days of receiving your completed application.

Any eligible debtors, with whom a payment arrangement is made, will remain liable for the full amount of their debt and payment in accordance with this arrangement.

DEBTORS DETAILS

Case Number:	
Full Name:	
Trading Name:	
Date of Birth:	
Street Address:	
Mailing Address:	
Occupation:	
Marital Status:	
Dependants:	
Contact Number:	
Email Address:	
will try to support and ass	ANCIAL HARDSHIP ation and circumstances that explain your financial hardship. We ist you as much as possible and be understanding of your g you through difficult times is important to us.

DEBT DETAILS

The Debtor acknowledges that the following Outstanding Debt Amount is owed to the Client and that you have no counter claim or set off against it:

Outstanding Debt Amount:	

FINANCIAL DETAILS

PART 1	I-INCOME	
1.1	Are you currently employed? Yes No If 'no', please go to Item 1.9	
1.2	What is your employer's name:	
1.3	What is your employer's address:	
1.4	What is your occupation or position:	
1.5	What is your employment status:	Casual / Part Time / Full Time / Contract
1.6	When did your current employment commence?	
1.7	What is the amount of all payments actually received by you from this employment (after deduction of tax) currently per week? If the amount varies from week to week, state a typical amount.	
Are these Item 1.7 payments made directly into an account with a bank or financial Yes No If 'yes', for each employment payment state:		n account with a bank or financial institution?
	the name of the bank or financial institution	
	the name of the account	
	the BSB number	
	the account number	
1.9	Are you in receipt of any pension, benefits, annuit	· · ·
	government department, former employer, superannuation fund or other body? Yes No If 'no', please go to Item 1.11. If 'yes', in respect of each source of such payment/s state:	
	the source of the payment (e.g. CentreLink)	
	the nature of the payment (e.g. disability pension)	

PART 1	-INCOME	
	the value per week of the amount actually received	
	the amount (if any) deducted for tax	
1.10	Are these Item 1.9 payments made directly into a ☐ Yes ☐ No If so, for each payment state:	n account with a bank or financial institution?
	 the name of the bank or financial institution? 	
	the name of the account	
	the BSB number	
	the account number	
1.11	Are you self-employed? ☐ Yes ☐ No If 'yes', state:	
	your occupation	
	 the total amount received by you as a self- employed person during the last financial year 	
	 the total amount of expenditure incurred by you in earning income during that financial year 	
1.12	In the last 12 months, did you receive any income what was the total amount of each received in the (specifying the relevant period):	
	• dividends	
	 interest from banks, building societies, credit unions, other financial institutions, shares, etc. 	
	sale of shares	
	money from trusts or estates	
	 drawings from business, partnership, company and trusts 	

PART 1	1-INCOME	
	rent payments	
	board payments	
	worker's compensation payments	
	maintenance payments (child or spouse)	
	any other income from any source (give details)	
1.13	Are you wholly or partly dependent on any other persons if 'yes', what is the:	son for financial support? Yes No
	name of that person?	
	relationship of that person to you?	
	average weekly value of that support?	
1.14	Is any other person wholly or partly dependent on you if 'yes', what is the:	ou for financial support? Yes No
	name of that person?	
_	relationship of that person to you?	
	average weekly value of that support?	
1.15	Are you expecting to receive a lump sum payment in If 'yes', what is the:	the foreseeable future? Yes No
	source of the payment?	
	amount of the payment?	
	expected date of receipt?	
PART 2	2-EXPENSES	
2.1	Do you incur any expenses in obtaining any of the in expenditure in earning income from self-employment if 'Yes' what are the:	
	details of expenses incurred?	

PART 2-	-EX	PENSES	
	•	average annual or weekly value of each expense?	
2.2	Wh	nat are your average weekly personal expense	es for the categories listed below?
	•	food and household supplies	
	•	accommodation expenses (including rent, board, hospital, nursing home etc. but excluding mortgage payments) and state to whom these expenses are paid	
	•	rates, body corporate levies, and land tax	
	•	home maintenance and repairs	
	•	lay-by payments	
	•	electricity, gas, telephone (including mobile telephones) and internet expenses	
	•	mortgage payments	
	•	child care	
	•	child maintenance actually paid	
	•	medical, dental, optical, ambulance and pharmacy	
	•	clothing and shoes	
	•	school fees and other educational expenses	
	•	insurance policy premiums - specify types of insurance as well as amounts	
	•	public transport fares	
	•	vehicle expenses (including registration, insurance, maintenance and running expenses)	
	•	entertainment and other recreational expenses	

PART 2	-EXPENSES	
	union or association fees	
	any other weekly expenses - give details	
2.3	Do you have any goods or assets (not real property) subject to a lease or hire purchase agreement? Yes No If yes, provide a copy of each lease or hire purchase agreement. If yes, for each lease or hire purchase agreement state:	
	the subject goods or assets	
	the name of the hire purchase company or lessor	
	when and in what amounts periodic payments are required to be made	
	the balance owing under the hire purchase agreement	
	how much has been paid under the lease or hire purchase agreement to date	
	The commencement date and term of the lease	
	The residual value, if any, of the lease property	
PART 3	-ASSETS	
3.1	Do you own or have any other interest in any lantenancy of any property) either alone or with ano If 'yes', for each piece of land:	
	what is the location and real property description of the land?	
	what interest do you have in it (e.g. owner, tenant)?	
	do you hold that interest alone?	
	if not, who else has an interest in the land, and what is the extent of their interests?	
	what is the value of your interest in the land?	

PART 3-ASSETS		
3.2	Do you have any money in bank accounts, buildi institutions? Yes No If 'yes', for each account:	ng societies, credit unions or similar financial
	what is the name of the institution?	
	what name is the account in?	
	what is the account number?	
	what is the current amount in the account?	
3.3	Do you own any shares or debentures? Yes If 'yes', for each holding state:	No
	the name of the corporation which has issued the shares or debentures	
	the description and number of the shares or debentures	
	the current market value of the shares or debentures	
3.4	Do you hold an interest in any business, partners If 'yes', for each state:	ship, etc.? Yes No
	the name of the business/partnership	
	the current market value of the business/partnership	
	the name of the holder of any other interest	
	and the extent of that interest	
3.5	Is there any money owing to you from any source If 'yes', for each debt owed state:	e? ☐ Yes ☐ No
	 whether the money is owing under an agreement in writing. If so, provide a copy of the agreement. 	
	who owes you the money	
	the amount owed	

PART 3	-ASSETS
	when the debt is likely to be repaid
3.6	Do you have any money on hand? Yes No If 'yes':
	what is the amount?
	where is the money held?
3.07	Do you own any vehicles? ☐ Yes ☐ No
	If 'yes', for each vehicle state the make, model, year, registration number and current market value.
3.08	Do you own any caravans, boats, trailers, jet skis or other similar items? ☐ Yes ☐ No
	If 'yes', for each item state the make, model, year, registration number and current market value.
3.09	Do you own any furniture and/or other household goods (e.g. whitegoods, appliances)? ☐ Yes ☐ No
	Identify significant items
	What is the estimated value of these items?
3.10	Do you own any jewellery and/or other personal effects? ☐ Yes ☐ No
	Identify significant items
	What is the estimated value of these items?
PART 4	-LIABILITIES
4.1	Have you mortgaged or charged any property? Yes No If 'yes', provide a copy of the mortgage or charge and for each mortgage or charge state:
	if registered, its registered number and date of registration

PART 4	-LIABILITIES	
	name of mortgagee or chargee	
	details of the encumbered property	
	total amount owing	
	the frequency (e.g. weekly, monthly) and amount of the payments	
4.2	Do you have any bank loans or overdrafts? Yes', for each loan/overdraft, state:	es No
	the name of the bank or financial institution	
	total amount owing and limit of the overdraft	
	the frequency (e.g. weekly, monthly) and the average amount of the payments	
	• if the loan or overdraft is secured against any asset – give details.	
	any minimum requirements for repayment	
4.3	Do you have any credit cards? ☐ Yes ☐ No If 'yes', for each card state:	
	name of the financial institution which issued the card	
	the debit balance of the card	
4.4	Do you owe anyone any money other than as dis Yes No If 'yes', state:	sclosed above (including tax liabilities)?
	the name of the creditor	
	the amount owing	
	the frequency and amount of any regular repayments	
	when the debt is payable	
	provide a copy of any relevant agreements	

PART 5-PROPOSAL FOR PAYMENT		
Do you have any proposal for the payment or satisfaction of the debt to the enforce creditor? Yes No		tisfaction of the debt to the enforcement
	If 'yes', what do you propose?	

ACCEPTANCE AND ACKNOWLEDGEMENT

The information set out in this application is true, and is correct to the best of my knowledge and belief. Where I have given an estimate in this application, it is given in good faith to the best of my knowledge and belief. I acknowledge that it may be a criminal offence to knowingly provide false or misleading information or documents in connection with this application.

Signature:	
Full Name:	
Date:	









DIRECT DEBIT REQUEST

Ph: 1300 853 230 Fax: 1300 853 231

NEW CUSTOMER FORM

YOUR DETAILS	Please complete this form using a BLACK PEN, * Indicates a MANDATORY FIELD		
Business: A	Active Debt Recovery Australia Pty Ltd	ABN/ACN: 158 106 159	4AD 002 37639
Customer Reference:		CRN:	
*Surname:		*Given Name:	
*Mobile #:			
* Email:			
*Address:			
*Suburb:		*State:	*Postcode:
DEBIT ARRANGEMENT Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit			
Once Only Deb	it On Date: / / /	Debit this amount	: \$
✓ Regular Debits	Starting on Date: / / /	Debit this amount	\$
Frequency:	Weekly Fortnightly Mor	nthly 4 Weekly	
Duration: Continue regular debits until further notice (Mininum of Debits)			
✓ Until I have paid \$ in regular debits			
Administration Fee (once only): Bank Account Transaction Fee: So.77 Credit Card VISA/MasterCard: 1.35% (Min So.77) Transaction Fee: AMEX/Diners: 4% (MIn So.77)			
CHOOSE YOUR PA	YMENT METHOD		
Debit from Cred			
VISA	MasterCard AMEX	Diners	
Card Number:			Expiry Date: /
Name of Cardholder:			
By signing this form, I/We authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.			
Debit from Ban	k, Building Society or Credit Union Account		
Financial Institution:		Branch:	
BSB Number:		Account Number:	
Account Holder Name:			
I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969, 303909, 301203, 234040, 234072, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.4) provided.			
This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.4) and I/We have read and understand same.			
Signature(s) of Nominated Accoun	PLEASE PRINT AND SIGN It: FORM NOT VALID UNLESS SIGNED		Date: / /
Norminated Account	TOTAL MALID CINEESS SIGNED		DDR Service Agreement (Ver 1.4)



ACN 096 902 813 | AFSL 315388

DDR SERVICE AGREEMENT (Ver 1.4)

DDR Service Agreement (Ver 1.4)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969, 303909, 301203, 234040, 234072, 428198) (herein referred to as "Ezidebit") to make periodic debits on behalf of the "Business" as indicated on the attached Direct Debit Request (herein referred to as "the Business").

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services to me/us for the Business pursuant to the Direct Debit Request and this DDR Service Agreement) and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/We have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement and the Fees/Charges detailed in the Direct Debit Request) and this DDR Service Agreement.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and I/We will contact my/our financial institution if I/We are uncertain of the accuracy of these details.

I/We acknowledge that is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight, however transactions can take up to three (3) business days depending on the financial institution. Accordingly, I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/We agree that Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:-

- (1) there is a public or bank holiday on the day of the debit, or any day after the debit date;
- (2) a payment request is received by Ezidebit on a day that is not a banking business day in Queensland;
- (3) a payment request is received after normal Ezidebit cut off times, being 4:00pm Queensland time, Monday to Friday.
- Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and the Business as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon receiving instructions from the Business of the agreed variations. I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request or this DDR Service Agreement including varying any of the terms of the debit arrangements between us.

I/We acknowledge that I/We will contact the Business if I/We wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/We agree to contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

You appoint Ezidebit as your exclusive agent with regard to the control, management and protection of your personal information (relating to the Business and contained in this DDR Service Agreement). You irrevocably authorise Ezidebit to take all necessary action (which we deem necessary) to protect your personal information, including (but not limited to) prohibiting the release to or access by third parties without our consent.

You hereby irrevocably authorise, direct and instruct any third party who holds/stores keeps your personal information (relating to the Business and contained in this DDR Service Agreement) to release and provide such information to Ezidebit on our written request.

Credit Card Payments

I/We acknowledge that "Ezidebit" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the Business as Ezidebit is acting only as a Direct Debit Agent for the Business. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Ezidebit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, or as otherwise required by law. Further information relating to Ezidebit's Privacy Policy can be found at www.

I/We acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, whichever is greater as detailed on the Direct Debit Request.

I/We authorise:

a) Ezidebit to verify details of my/our account with my/our financial institution; and b) my/our financial institution to release information allowing Ezidebit to verify my/our account details

Po Box 3327 Newstead, QLD 4006 Ph: (07) 3124 5500 Fax: (07) 3124 5555

DDR Service Agreement (Ver 1.4)