PERSONAL FINANCIAL SUMMARY

Account Holder 1		Mobile No.	
Home Phone No.		Home Phone No.	
Occupation		Work Phone No.	
Date of Birth		Employer	
Employer's Address		No. of Dependants	
Home Address			
Account Holder 2		Mobile No.	
Home Phone No.		Home Phone No.	
Occupation		Work Phone No.	
Date of Birth		Employer	
Employer's Address		No. of Dependants	
Home Address			

LIABILITIES (OTHER INSTITUTIONS) CREDIT CARDS - LINES OF CREDIT - STORE CARDS - PERSONAL LOANS

Account Number	Type of Product	Institution Name	Balance Owing	Monthly Repayment
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
		TOTAL	$ 0.00	$ 0.00

YOUR ASSETS AND LIABILITIES - HOME LOANS - INVESTMENTS - MOTOR VEHICLES - OTHERS

Assets	Institution Name/Lender	Total Current Value	Balance Owing	Monthly Repayments
Residential Property		$	$	$
Investment Property		$	$	$
Motor Vehicles/Boats		$	$	$
Others		$	$	$
Others		$	$	$
Shares		$		
Superannuation		$		
Savings		$		
Household Items		$		
		TOTAL	$ 0.00	$ 0.00

YOUR MONTHLY INCOME AND EXPENSES

Type of Income	Net Monthly Income	Type of Expense	Monthly Payments
Account Holder 1	$	Rent	$
Spouse/ Acct. Holder 2	$	Body Corporate/Strata Fee	$
Pension/Social Security Benefits	$	Land & Water Rates	$
Family Assistance/Child Support	$	Utilities (Electricity, Gas, Telephone, Mobile, etc.)	$
Board/Rent	$	Food	$
Dividends	$	Petrol/Travel	$
Interest	$	Medical/Health Fund	$
Other Income	$	Insurance	$
	$	Other Expenses	$
	$		$
TOTAL	$ 0.00	TOTAL	$ 0.00

Thank you for providing your expense information. If your products or services incur standard fees and charges, you may want to consider switching to a basic bank account which can assist you to manage your finances.

REASONS FOR FINANCIAL DIFFICULTY

Are you aware of any insurances (such as Consumer Credit Insurance) you hold which may assist with your current situation? Yes ☐ No ☐

DECLARATION

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 understand 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.

CUSTOMER'S NAME	CUSTOMER'S SIGNATURE	DATE
JOINT ACCOUNT HOLDER (If Applicable)	JOINT ACCOUNT HOLDER SIGNATURE	DATE

Please return completed form and supporting documentation to the relevant area

Teams	Email Address	Mailing Address	Queries Line
Hardship	DMS.AU@CITI.COM	PO BOX 3453, Sydney, NSW 2001	1800 722 879
Collections	LM.AU@CITI.COM	PO BOX 3913, Sydney, NSW 2001	1300 301531
Debt Recoveries	DR.AU@CITI.COM	GPO BOX 40, Sydney, NSW 2001	1300 300 097

For Mortgages, Please attach confirmation of current building insurance policy or certificate of currency & return with completed form & supporting documentation to the below

Mortgages	MTGE.COLL@CITI.COM	GPO BOX 40, Sydney, NSW 2001	1300 300 470

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