



For buying the things that matter.

APPLICATION FORM FOR UNFORESEEN HARDSHIP

Under the unforeseen hardship provisions in the Credit Contracts and Consumer Finance Act 2003 you may apply for a change to your contract (as detailed below) if you can provide evidence of unforeseen changes to your financial circumstances that have impacted your ability to meet your obligations under your contract.

PLEASE NOTE:

- Any changes you request to your contract on the grounds of unforeseen hardship must be limited to the time period and extent necessary to enable you to reasonably be able to discharge your obligations under your contract.
- Applications will be considered on a case by case basis and must be accompanied by evidence to support your claims.
- We will endeavour to process your application as soon as reasonably practical and will acknowledge receipt of your application within 5 business days and provide a final decision within 20 business days from receipt of your application or from requesting more information where required (or 10 business days after receiving further information requested from you). Please note that you should continue to make payments when due, while we are processing your application.
- There are free and independent budgeting services that may be able to assist you develop a repayment plan.
- In addition to submitting this application, you should check whether you have a payment protection plan or insurance which covers you for the unforeseen hardship event you have suffered.

If you need more information in regards to applying for unforeseen hardship please contact Customer Support Services Team on 0800 588 188 (and select option 1) or email us at qcard.customersupport@fpf.co.nz.

ELIGIBILITY CHECKLIST:

You should check that you meet the eligibility criteria for making an unforeseen hardship application before proceeding. You will not be eligible if any of the following applies:

- You haven't suffered an illness, injury, loss of employment, end of relationship or other reasonable cause which has resulted in you being unable reasonably to meet your obligations under your contract.
- You have failed to make four or more consecutive repayments when due.
- You have been in default for two months or more.
- You have been in default for two weeks or more after receiving a repossession warning notice from us.

If you are not eligible we recommend you contact our Customer Support Services Team 0800 588 188 (and select option1) as soon as possible to discuss what other options might be available to enable you to meet your obligations under your contract.



APPLICANT DETAILS:

First name:

Last name:

Account Number:

Q Card Number:

Telephone numbers:

Email address:

Home address:

Suburb: Post code:

Postal Address if different from above:

Address:

Suburb: Post code:

EVENT DETAILS

Please select the event that describes your situation:

- | | | | |
|------------------------|--------------------------|---------------------|--------------------------|
| Illness | <input type="checkbox"/> | Injury | <input type="checkbox"/> |
| Loss of employment | <input type="checkbox"/> | End of relationship | <input type="checkbox"/> |
| Other reasonable cause | <input type="checkbox"/> | | |

Please describe how the unforeseen event has resulted in your inability to meet your obligations;

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How long do you expect this event will continue to impact your ability to meet your obligations;

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What steps you are taking to address the unforeseen hardship (as applicable);

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Event Date: (DD/MM/YY)

EVIDENCE

1. Please attach evidence to support your claim. Suggested evidence may include, but is not limited to the following:

Circumstance	Evidence
Illness	<ul style="list-style-type: none"> • Letter from your employer describing financial impact (e.g confirming period of leave without pay) • Medical certificates • Out of pocket medical/and/or/dental expenses (actual cost after insurance or health claims) • Completed income and expenditure form (attached) or a budget adviser schedule of payments or similar
Injury	<ul style="list-style-type: none"> • Letter from your employer describing financial impact (e.g. confirming period of leave without pay) • Medical certificates • Out of pocket medical/and/or/dental expenses (actual cost after insurance or health claims) • ACC letter • Completed income and expenditure form (attached) or a budget adviser schedule of payments or similar
Loss of employment	<ul style="list-style-type: none"> • Employment termination notice • Letter from employer • WINNZ certificate • Completed income and expenditure form (attached) or a budget adviser schedule of payments or similar
End of a relationship	<ul style="list-style-type: none"> • Proof of separate residential address • Parenting agreement or support payments • Medical report • Death Certificate • Completed income and expenditure form (attached) or a budget adviser schedule of payments or similar
Other reasonable cause	<ul style="list-style-type: none"> • Completed income and expenditure form (attached) or a budget adviser schedule of payments or similar • Relevant documents as appropriate

If you have made another unforeseen hardship application within the last four months, please provide details as to why the reasons in this application are materially different from your previous application, or if they are not, why we should consider this application.

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FINANCIAL ARRANGEMENT REQUEST

Please select the financial arrangement that would assist you to meet your obligations. Please note:

- You must reasonably expect to be able to discharge your obligations if the terms of your contract are changed in the manner you request below.
- The change you request must not be more extensive than necessary.

Note: These financial arrangements will not result in changes to your annual interest rate.

1. Extending the term of the contract and reducing the amount of each payment (for Fixed Instalment Agreements)

Requested extension of contract term months
Requested amount for each payment \$\$cc

2. Extending the term of the contract and postponing payments for a specified period
(Payment holiday) (for Fixed Instalment Agreements)

Requested extension of contract term months
Requested period to postpone payments months

3. Postponing payment due dates for a specified period (Payment holiday)

Requested period to postpone payments months

DECLARATION BY APPLICANT

I certify that:

- I am the applicant or have authority to act on behalf of the applicant (please attach evidence of authority if you are not the applicant);
- I reasonably expect that by making these changes to my contract I will be able to meet my obligations;
- I have read the application; and
- I have truthfully disclosed all relevant information

Signature: Date: (DD/MM/YY)

Name:

SUBMITTING YOUR FORM

When you have completed all details in the form, please either

Email to:
qcard.customersupport@fpf.co.nz

or

By Post:
Attention Customer Support Services Team
Q Customer Service Centre
Private Bag 94013
Auckland 2241

PRIVACY

Q Card recognises the importance of safeguarding your personal and financial information. We will never pass your details on to another party, unless your consent allows us to do so. Any information supplied to us by you will only be used for the purpose in which it has been supplied for.
