



## FINANCIAL HARDSHIP APPLICATION FORM

If you have any questions about this process, or require assistance to complete this application, please contact our Claims team on 1300 552 446 (Office hours Monday to Friday, 8.30am to 5.30pm).

**CLAIM NUMBER:** \_\_\_\_\_

### APPLICANT

Applicant 1: Surname: \_\_\_\_\_ Given name(s) \_\_\_\_\_  
Applicant 2: Surname: \_\_\_\_\_ Given name(s) \_\_\_\_\_

Postal Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Preferred contact number: \_\_\_\_\_ Email: \_\_\_\_\_  
*We will use this email address for all written communication unless you advise us that you want to receive contact via post.*

Dependents:

Name	Age

## HARDSHIP DETAILS

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### Circumstances of Hardship:

*Please explain the reason for your application*

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### Nature of Assistance:

*What assistance would you like Proclaim to consider?*

- *Extension of due date for payment. If so, when will you be able to make payment*
- *Paying in instalments. What can you afford, how often and over which period?*
- *Paying a reduced lump sum. What can you afford?*
- *Postponing one or more instalments. When will you be able to start/re-start making payment?*
- *Other (including a combination of the above options or a possible waiver of the debt).*

*Please provide details of what you are seeking:*

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“There is no limit to how much you’ll know,  
depending on how far beyond zebra you go.”

Dr. Seuss

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