

Application for Financial Hardship Consideration

Please complete your details and return to BOQ Specialist Bank Limited
GPO Box 2539, Sydney, NSW, 2001 or fax to 1300 131 400



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Please use **BLOCK LETTERS**

1. CREDIT CARD DETAILS

Credit card type (please tick appropriate type)

<input type="checkbox"/>	Signature credit card	Last 4 digits on the card	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Platinum credit card	Last 4 digits on the card	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. PRIMARY CARDHOLDER DETAILS

First name

Surname

Street address

Suburb State Postcode

Home telephone number ()

Mobile telephone number

How many dependants do you have?

3. REASON FOR HARDSHIP

4. DECLARATION/SIGNATURE

I declare that all the information in this application provided by me is true and correct.

Primary cardholder's signature

X Sign Here

Date / /