



COVID-19 Financial Hardship Claim Form



Date

DD

MM

YY

<i>You can find this on a recent telephone or internet bill</i>	Account Number	
<i>Your Information</i>	Legal Organisation Name	
	ABN / ACN	
	Full Name of Account Holder	
	Telephone Number (Mobile preferred)	
	Email Address	
	Industry	
<i>Please refer to COVID19 financial hardship guide</i>	Tier Level (1,2 or 3)	
<i>Financial Information (Tier 2 or 3 claim only)</i>	Average Monthly Turnover at 1 st July 2019	
	Average Monthly Turnover at 31 Dec 2019	
	Average Monthly Turnover at 1 st July 2020	
<i>Hardship Claim</i>	Detailed Explanation of Hardship experienced	

<p><i>Hardship Claim</i></p>	<p>Expected Outcome from customer</p>	
<p><i>Document Attachments to Support Claim</i></p> <p>(Tier 2 or 3 claim only)</p>	<p>Please ensure you have attached the following documents:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Statutory Declaration from Accountant outlining the financial position of the organisation as at 1st July 2020. <input type="checkbox"/> Balance Sheet & Profit & Loss Statement as at 31 Dec 2019 <input type="checkbox"/> Balance Sheet & Profit & Loss Statement as at 1 July 2020
<p><i>Customer Authority</i></p>		<ul style="list-style-type: none"> • I have read and completed the information in this form and understand that I am making a claim for financial hardship. • I am making this claim truthfully and understand that approval of my claim is at the discretion of Binary Networks. • The information and documents I have provided are true and correct. • I authorise Binary Networks to seek and exchange personal information about me and my organisation including consumer and/or commercial credit information, credit report or information concerning my credit history. • I authorise Binary Networks to enter into arrangements that are binding on me and organisation named above. <p>SIGNATURE _____</p> <p>DATE _____</p>