

PERSONAL FINANCIAL SUMMARY

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

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				

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		TOTAL	\$

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 _____

Please return completed form and supporting documentation to the relevant area

Teams	Email Address	Mailing Address	Queries Line
Hardship	hardship@secure.coles.com.au	PO BOX 3453, Sydney, NSW 2001	1800 931 356
Collections	creditsupport@secure.coles.com.au	PO BOX 3913, Sydney, NSW 2001	1300 282 957
Debt Recoveries	recovery@secure.coles.com.au	GPO BOX 40, Sydney, NSW 2001	1300 320 134