

Mutual Aid - Request for Relief - Unemployment



People's Choice Credit Union,
a trading name of Australian Central Credit Union Ltd
ABN 11 087 651 125, acts under its own
Australian Financial Services Licence (AFSL 244310)
and Australian Credit Licence (ACL 244310)
T 13 11 82 peopleschoicecu.com.au

(THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY)

| | | | | | | | |
|------------------|---|---------------|---------|----------|--------|-------|----------|
| | Member No. | | | | | | |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other please specify | | | | | | |
| Member name: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First name(s)</td> <td style="width: 50%;">Surname</td> </tr> </table> | First name(s) | Surname | | | | |
| First name(s) | Surname | | | | | | |
| Address: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Address</td> </tr> <tr> <td style="width: 50%;">Suburb</td> <td style="width: 30%;">State</td> <td style="width: 20%;">Postcode</td> </tr> </table> | Address | | | Suburb | State | Postcode |
| Address | | | | | | | |
| Suburb | State | Postcode | | | | | |
| Date of Birth: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Date of Birth</td> </tr> </table> | Date of Birth | | | | | |
| Date of Birth | | | | | | | |
| Contact details: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Home</td> <td style="width: 50%;">Mobile</td> </tr> <tr> <td>Business</td> <td>Email</td> </tr> </table> | Home | Mobile | Business | Email | | |
| Home | Mobile | | | | | | |
| Business | Email | | | | | | |

Previous Employment Particulars

| | | | | | | | | | |
|---|---|------------------------------|--|--|------------------------|-----------------------------|---------------------------------|-------|----------|
| Employer name: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Employer name</td> </tr> </table> | | | Employer name | | | | | |
| Employer name | | | | | | | | | |
| Address: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Address</td> </tr> <tr> <td style="width: 50%;">Suburb</td> <td style="width: 30%;">State</td> <td style="width: 20%;">Postcode</td> </tr> </table> | | | Address | | | Suburb | State | Postcode |
| Address | | | | | | | | | |
| Suburb | State | Postcode | | | | | | | |
| Telephone contact details: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Telephone contact details</td> </tr> </table> | | | Telephone contact details | | | | | |
| Telephone contact details | | | | | | | | | |
| Date Employment Commenced: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Date Employment Commenced</td> </tr> </table> | Date Employment Commenced | Date Employment Ceased | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Date Employment Ceased</td> </tr> </table> | Date Employment Ceased | | | | |
| Date Employment Commenced | | | | | | | | | |
| Date Employment Ceased | | | | | | | | | |
| Nature of Employment: | <input type="checkbox"/> permanent <input type="checkbox"/> part time <input type="checkbox"/> contract <input type="checkbox"/> seasonal <input type="checkbox"/> casual | | | | | | | | |
| | <input type="checkbox"/> other, please provide details | | | | | | | | |
| Reason for Employment termination: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Reason for Employment termination</td> </tr> </table> | | | Reason for Employment termination | | | | | |
| Reason for Employment termination | | | | | | | | | |
| Have you commenced further Employment? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | If yes, what date did / will you commence? | | | | | | |
| Do you receive any other form of income? i.e: Centrelink, Workcover, Income Protection etc. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td>Provide details:</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td>Reason i.e. partner works etc.:</td> </tr> </table> | | | <input type="checkbox"/> Yes | Provide details: | <input type="checkbox"/> No | Reason i.e. partner works etc.: | | |
| <input type="checkbox"/> Yes | Provide details: | | | | | | | | |
| <input type="checkbox"/> No | Reason i.e. partner works etc.: | | | | | | | | |

Declaration and Authority

I (full name)

_____ hereby request financial assistance and warrant the truth of the foregoing statements and particulars (including any additional information requested of me) in every respect and declare that I have not or will not abstain from my usual professional/ business/occupation, either entirely or partially, longer than absolutely necessary in consequence of the said unemployment and that such unemployment is the sole cause of my financial hardship.

Please retain a copy of the completed form for your records.

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I hereby give consent for People's Choice Credit Union, a trading name of Australian Central Credit Union Ltd of 60 Light Square, Adelaide SA 5000 to contact my employer/s to confirm details of my Mutual Aid - Request for Relief. I understand that I may be required to provide additional information to support this Request for Relief.

I voluntarily give this consent and understand all information obtained will be kept confidential.

Member signature: **This form must be hand signed with your personal signature**

| | |
|--|------|
| | Date |
|--|------|

Third Party Authority to make and receive enquiries in relation to my Mutual Aid – Request for Relief

If you wish to provide authority for another person to discuss your application on your behalf, please complete the authorisation and return with your application.

I (full name) _____ freely give permission for:

Name:

Address:

Contact Ph. No.:

To contact and be contacted to discuss information relating to and about my Mutual Aid - Request for Relief of which this person is aware. I understand that this authorisation shall be valid until my application is finalised, and that I have a right to revoke this authorisation by written notification.

Member signature: **This form must be hand signed with your personal signature**

| | |
|--|------|
| | Date |
|--|------|

Print Name

People's Choice Credit Union Use Only

Loan No: _____

Branch: _____

Disbursement date: _____

Cessation date: _____

Repayment: _____ PW / PF / PM

Operator's name

| | |
|-------|------|
| Print | Date |
|-------|------|