

## Financial hardship application form

Arteva contract number:	
Client 1 Details	
Customer Name:	Occupation:
Residential Address:	Employer's Name:
	Employer's Address:
Phone No:	
Mobile:	Employer's Phone No:
Email:	
Number of Dependants:	
Client 2 Details (complete if there is more than one borrow	ver on the contract)
Customer Name:	Occupation:
Residential Address:	Employer's Name:
	Employer's Address:
Phone No:	
Mobile:	Employer's Phone No:
Email:	
Number of Dependants:	
Please provide the reason/s you believe you are in finance	cial hardship:
Diamenta have been been been believe very believe very will be in a state	nto of handship due to the orbert versus (s.
Please estimate how long you believe you will be in a sto	ite of narasnip due to the above reason/s:



Please provide a proposal which you believe would allow you to reasonably meet your obligations to us:

NOTE:		Your proposal must seek to change the terms of your credit contract in one of the following ways.	
	1.	Extending the period of the credit contract and reducing the amount of each payment due under the credit contract accordingly.	
	2.	Postponing during a specified period the dates on which payments are due under the credit contract.	
	3.	Extending the period of the credit contract, and postponing during a specified period the dates on which payments are due under the credit contract.	
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provide to and provi	are that o Arteva ides full	the information in this financial hardship application form and in the Statement/s of Position we Funding, and the supporting documentation provided by me/us, is true and correct in every detail disclosure of my/our financial circumstances sufficient for Arteva Funding to make an informed or decision with respect to my/our indebtedness to it.	
Signature	e 1:		
Print nam	ne:		
Signature	e 2:		
Print nam	ne:	Date: / /	