Financial Hardship Application

We understand that financial situations can change. This form helps us assess how we can support you.

1. Your details

Full name: _____

ABN: _____

Business name: _____

Account number (if known): _____

Phone number: _____

Email address: _____

2. Eligibility

☐ I use this service for personal, business, or not-for-profit purposes

☐ I am experiencing difficulty paying my Teleca account

The reason I am experiencing difficulty is due to:

☐ Illness or injury

☐ Unemployment or reduced income

☐ Unexpected expenses

☐ Other (please specify): _____

☐ I do not resell this service

3. What support are you seeking? (optional)

☐ Payment plan (e.g. $___ per week/fortnight)

☐ Short-term payment extension

☐ Other (please describe): _____

4. Additional information (optional)

_____

_____

_____

5. Supporting documents (only if requested)

We may request supporting documents if reasonably necessary. You do not need to provide anything unless we ask.

6. Declaration

I confirm that the information provided is true and correct to the best of my knowledge.

Name: _____

Signature: _____

Date: _____

How to submit

Email: cs@teleca.com.au