

PERSONAL INFORMATION

Account Holder's / Authorised Representative's Name :

Yomojo Service Number :

Email Address on your Yomojo Account :

Contact Number :

Contact Email Address :

Date of Birth :
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Preferred Contact Method : Email Phone

APPLICATION DETAILS

Reason for Applying Financial Hardship Program

<input type="checkbox"/> Loss of Employment or significant decrease in income	<input type="checkbox"/> A death in the family
<input type="checkbox"/> Medical / Illness of you or a family member	<input type="checkbox"/> Victim of Domestic or family violence
<input type="checkbox"/> Natural Disaster	<input type="checkbox"/> Others:
<input type="checkbox"/> Business Loss	<input type="text"/>

Provide other details you would like us to consider when assessing your application

How long would you need the Payment Assistance for? 1-3 Months More than 3 Months

How would you like us to assist you during this time?

<input type="checkbox"/> Help me manage my spend	<input type="checkbox"/> Switch my service to prepaid
<input type="checkbox"/> Lower my monthly bill	<input type="checkbox"/> Apply restrictions to my service
<input type="checkbox"/> Reschedule my payment	
<input type="checkbox"/> Arrange a payment plan for my outstanding balance / future bills	
<input type="checkbox"/> Others:	<input type="text"/>

Have you applied for Financial Hardship Assistance with us previously? : YES NO

Have you sought the advice of a financial counsellor in relation to this matter? : YES NO

- If YES, please supply information from counsellor (forms, authority forms, written proposals)
- If NO, you can find information about contacting financial counsellors in our policy if required

To assist with our assessment have you or are you willing to provide us any supporting evidence such as income statements? YES NO

Do you accept the Terms and Conditions of our Financial Hardship Policy? : YES NO