



PERSONAL INFORMATION

Account Holder's / Authorised Representative's Full Name : [Redacted]
Blink Service Number : [Redacted]
Email Address on your Blink Account : [Redacted]
Contact Number : [Redacted]
Contact Email Address : [Redacted]
Date of Birth : [Redacted]
Preferred Contact Method : [Redacted] Email [Redacted] Phone [Redacted]

APPLICATION DETAILS

Reason for Applying Financial Hardship Program

Loss of Employment or significant decrease in income
Medical / Illness of you or a family member
Natural Disaster
Business Loss
A death in the family
Victim of Domestic or family violence
Others: [Redacted]

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

[Redacted text area]

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?

Help me manage my spend
Lower my monthly bill
Reschedule my payment
Arrange a payment plan for my outstanding balance / future bills
Switch my service to prepaid
Apply restrictions to my service
Others: [Redacted]

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