

Members Telecom

Schedule A

Initial hardship application

Your Name

Members Telecom Account Name

You are...

- Our customer
 Authorized representative of our customer

You are...

- Residential customer
 A small business customer
 Medium/Large business or corporate customer

Members Telecom invoice details your application relates to:

Clearly identify each invoice that presents payment difficulties including following as applicable: name of invoiced party, date, invoice number, amount, service type.

Details of financial hardship:

Refer to Members Telecom Financial Hardship Policy for information on qualifying circumstances.

Do you have an existing financial hardship arrangement with Members Telecom

- No Yes (please detail below)

Contact Details

Contact Name

Email Address

Postal Address

Suburb

State

Postcode

I wish to make an application for a financial hardship arrangement with Members Telecom. Please contact me about this matter.

Signature

Date