

## STATEMENT OF POSITION

This is your statement of financial position as at  /  /  Our Reference:

### Personal details

1. What is your full name?

2. What is your home address?

3. What is your mailing address? *(if different from above)*

4. What are your contact telephone and email details?

Home phone

 ( )

Work phone

 ( )

Mobile phone

Email address(es)

### Household

Nb. A partner is: a wife or husband, a civil union, a de facto partner

6. Do you have any financially dependent children?  No  Yes → How many children?

7. Do you have a partner living with you?  No  Yes

### Work and Income

8. In the last twelve months have you received financial assistance from the government?

No → Go to Question 10  Yes → Give details below

9. Are you still getting this payment?  No  Yes

### Wages and Salary

This includes income from full-time, temporary, casual, seasonal or part-time work over the last year

10. In the last twelve months did you get any wages or salary?  No → Go to Question 11  Yes → give details below

Employer(s)	Hourly rate before tax	Hours normally worked in a week	OR	Gross annual income (before tax and other deductions)	Months worked in the last year	Tick if still employed	or	Employment ended
1. Current main employer			OR				or	/ /
2.			OR				or	/ /
3.			OR				or	/ /

10. b For your current main job, complete details below:

Name of employer

Employer address

How often do you get paid?  Weekly  Fortnightly  4 Weekly  Other Next pay date?  /  /

### Business

11. In the last twelve months did you get any income from being:

Self-employed?  No  Yes →  
 A partner in a business?  No  Yes →  
 A director of a company?  No  Yes →

You will need to attach a copy of your latest set of annual accounts (unless sent to us previously).

### Other Income

13. In the last twelve months did you get any other income or one off payments?  No  Yes

### No Income

14. If you have not received any income, how have you been financially supported over the last twelve months?

  


### Change of Income

15. Is your income likely to change in the next twelve months?  No → Go to Question 16  Yes → give details below

Why would it change?

How much do you think your income will be over the next twelve months?

\$   before tax  after tax

### Property Ownership

16. Do you own, part own or have interest in a home, land or other property?

No → Go to Question 17  Yes → Give details below

Who is named as the legal owner(s)?	Relationship to you (if other persons)

Address of property

  


What is the estimated market value?  \$

What is the amount of any remaining mortgages(s)?  \$

What is your share of ownership in this property? (eg. 50%)  %

### Vehicles

17. Do you own, or part own, any vehicles?  No → Go to Question 18  Yes → Give details below

Make and model	Market value	Money owing
1.	\$	\$
2.	\$	\$

### Money and Investments

18. Do you have any money or investments?  No → Go to Question 19  Yes → Give details below

	Current Value
Cash, savings, term deposits	\$
Money owed to you	\$
Shares, bonds, debentures	\$
Retirement or superannuation scheme	\$
Other investments (eg. antiques, artwork)	\$

### Loans and debts

19. Do you have any other loans or debts?  No → Go to Question 20  Yes → Give details below

	Amount Currently Owing
Bank overdraft and/or personal loan	\$
Credit cards/store cards	\$
Money owed to government agencies	\$
Money owed to other people	\$
Other debts (eg. Medical, school fees, power)	\$

### Expenses

20. Weekly payments.

Food/groceries	\$	Rent/board/mortgage	\$
Bus/train/petrol	\$	Childcare/school expenses	\$
Entertainment	\$		

Other (please specify)


**TOTAL weekly payments** (add all amounts in weekly column)

\$

21. Monthly payments

Gas/electricity	\$	Telephone/mobile	\$
Clothing	\$	Credit cards	\$

Other (please specify)


**TOTAL monthly payments** (add all amounts in monthly column)

\$

#### AUSTRALIA - ECOLL PTY LTD

Locked Bag 1016, Gordon NSW 2072  
Level 1, 828 Pacific Highway, Gordon NSW 2072  
P: 1300 881 914 or +61 2 9472 7400

ABN: 88 074 432 670

License No: 409422655

#### NEW ZEALAND - ECOLL NZ LTD

PO Box 11154, Manners St, Wellington 6142, New Zealand  
P: 0800 881 914

E: admin@ecoll.com

W: www.ecoll.com

22. Annual payments

Vehicle insurance/registration	<input type="text" value="\$"/>	Rates	<input type="text" value="\$"/>
House and contents insurance	<input type="text" value="\$"/>	Medical insurance/expenses	<input type="text" value="\$"/>
Life insurance/superannuation	<input type="text" value="\$"/>		
Other (please specify)	<input type="text"/>		
	<input type="text"/>		

**TOTAL annual payments** (add all amounts in annual column)

**Other financial Information**

23. Are there other financial circumstances you want the Agency to consider when we set or adjust your repayment plan?

No → Go to Question 24  Yes → Give details below

24. Have you filled in your tax return?  No  Yes

**Privacy Statement**

ECOLL is committed to protecting your privacy and the confidentiality of your personal information. In handling your personal information, we are bound by, and comply with, the Privacy Act 1988, including the National Privacy Principles. We take serious measures to protect any personal information we collect, so it will be safeguarded from misuse, loss, unauthorised disclosure or modification. Only authorised personnel can access your information.

It is not compulsory to provide the ECOLL with this information, but if you do not provide all the information requested it may affect the outcome of the applicant's account management and other decisions made by the ECOLL regarding the applicant.

**Declaration**

Note: You may start making payments on your account whilst this application is being considered. It is important that you send in this form as soon as you can.

**Repayment Proposal**

<b>Amount</b>	\$
<b>Frequency</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly
<b>Start Date</b>	/ /

**Please read carefully**

I declare that the details shown on this statement are true and not misleading, and complete to the best of my knowledge. Where I have given an estimate in this statement it is based on my personal knowledge and was given in good faith. I have read and understood the Privacy Statement and consent to disclosure of my personal information to the ECOLL for the purposes of resolving my account(s) payable with my credit provider and for their administrative purposes. If my circumstances change I will inform Ecoll immediately.

Signature	/ /
	Date

Please send this form to:

**Post:** Locked Bag 1016 GORDON NSW 2072

**Email:** [collections@ecoll.com](mailto:collections@ecoll.com)

**Fax:** (02) 9482 9793