

Initial Financial Hardship Application Details

Complete this form as an initial step to be considered for a financial hardship arrangement with MEDIONmobile and send to one of the following addresses:

Letter: Reply Paid 89495 MEDION Australia CHATSWOOD NSW 2067
Fax: 02 9478 0291
Email: feedback@ALDImobile.com.au

Your Name ¹ :	
ALDImobile account name:	
Your relationship to the account holder (select one) ² :	Account holder / Authorised Representative of our customer
Your contact number:	
Your postal address:	
Your email address:	
ALDImobile invoice details your application relates to ³ :	
Detail of Financial Hardship (you may be requested to provide evidence to support this. Attached additional page if necessary) ⁴ :	
Do you have an existing Financial Hardship arrangement with ALDImobile? If yes, provide details including date of arrangement:	

I wish to make an application for a Financial Hardship Arrangement with ALDImobile. Please contact me regarding this:

Signature	
Date	/ /

¹ Note that only an ALDImobile customer, or their authorised representative, may submit this application.

² Must be in name of same person as above, unless person above is their authorised representative.

³ Clearly identify each invoice that presents payment difficulties including following as applicable: name of invoiced party, date, invoice number, amount, service type.

⁴ Refer to ALDImobile Financial Hardship Policy for information on qualifying circumstances