

Skymesh Payment Assistance Application Form

(Note: Evidence that we request from you under paragraph 15 of our Payment Assistance Policy counts as part of this application, and your application is not complete until the evidence has been provided to us.)

Part 1: Customer details

Your name	
Skymesh invoice details / service your application relates to	
*Your preferred phone number	
*Your preferred postal address	
*Your preferred email address	
Do you have existing financial hardship assistance from Skymesh?	
If 'yes', provide details	
Your signature	
Date	

**Unless you request otherwise, we may contact you via any of these contact points.*

Part 2: Assistance eligibility

Please complete this part of the application by ticking each box that is next to a statement that is correct. You can leave the other boxes blank.

Statement	If correct
1 You are an individual human person and you mainly use your Skymesh service for personal or domestic purposes.	
2 You are a not-for-profit organisation.	
3 You are a business, and when you entered your Skymesh contract, you did not have a genuine and reasonable opportunity to negotiate the terms, and your expected annual Skymesh spend was \$40,000 or less.	
4 You do not sell the use of your service to anyone else.	
5 You owe us, or will owe us, money that you cannot pay.	
6 The reason you cannot pay is because:	
(a) you are ill, or you have been ill	
(b) someone in your household is ill or has been ill	
(c) you are unemployed, or have been unemployed	
(d) your income is low	
(e) you do not have enough income	
(f) your access to income has reduced	
(g) you suffer, or have suffered, domestic violence	
(h) you suffer, or have suffered, family violence	
(i) there has been a death in your family	

(j) there has been a change in your personal circumstances	
(k) there has been a change in your family circumstances	
(l) there is, or has been, a natural disaster	
(m) an unexpected event or unforeseen change has reduced your income	
(n) an unexpected event or unforeseen change has increased your expenditure	
(o) there is some other reasonable cause.	
7 You believe that you will be able to pay if we agree:	
(a) to allow you more time to pay a bill	
(b) to accept a payment plan tailored to your ability to pay	
(c) to put restrictions on your service	
(d) to remove non-essential service features, without any cost penalty to you	
(e) to transfer you to a different product that better suits your circumstances	
(f) to adjust internal threshold limits so that you are not disconnected	
8 You wish to access one or more of the assistance options you have ticked above.	

Part 3: What financial hardship assistance do you request?

Please explain:

- **what you can do to get them up to date;** and

(e.g. pay instalments of \$20 a week)

- **for how long you feel you need help.**

(e.g. three billing cycles)

(This is optional, but this information may speed up the application process.)

Part 4: Special instructions - sensitive circumstances

Your financial hardship situation might arise from domestic or family violence, an illness or other sensitive circumstances. Perhaps that means you cannot easily take phone calls, but you can call us back if we text you. Or perhaps it is best that we email you. **If there is anything that you want us to know in order to deal with your application safely and sensitively, please let us know below.**

(This is optional, but this information may help us to help you more safely and sensitively.)

I declare the information provided is true and accurate at the time of completion. Please sign here:

Name	Signature	Date
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