

**REDUNDANCY WAIVER REQUEST FORM**

Please return this waiver request form promptly to us with all questions fully answered. Please include a copy of your OFFICIAL NOTICE OF REDUNDANCY and, if you are still unemployed, a letter from the NEW ZEALAND EMPLOYMENT SERVICE to confirm that you are actively seeking employment.

**1. Personal Details**

Surname.....	First name .....
Date of birth .....	Loan number .....
Address .....	Suburb/Town .....
Telephone.....(.....)	Email.....

**2. Reason for Redundancy**

Name of primary employer .....	Contact person .....
Address .....	Suburb/Town .....
Date employment commenced .....	Date employment ceased .....

Reason for termination of employment.....

Name of any other current employers.....

Was your employment: Casual work? <input type="checkbox"/> Yes <input type="checkbox"/> No Paid for by commission, fees or any other than by way of salary or wages? <input type="checkbox"/> Yes <input type="checkbox"/> No A fixed term contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	Self employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Seasonal/temporary work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How many hours did you work per week?.....

Have you worked since being made redundant?    Yes    No

If 'Yes', on what date did you start work? .....

Have you returned to your own occupation?       Yes    No

If 'No', in what occupation have you returned to work and what duties are involved? .....

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Please state which WINZ branch you are registered with.....

Name of WINZ case manager.....

**3. Declaration and Privacy Act 1993**

I acknowledge that this waiver request form collects personal information concerning me pursuant to the terms of the payment waiver terms and conditions for the purposes of evaluating my waiver request. The personal information provided in this waiver request form is collected by and will be held by Oxford Finance Limited. I have the right to access and to correct this information subject to the provisions of the Privacy Act 1993.

I authorise the use and disclosure of my personal information to Oxford Finance and others for the purposes of assessing my waiver request.

I authorise any medical practitioner/s I have consulted to provide information and documents recording my medical condition and medical history.

I declare that all statements made in this form are true and correct and that no material has been withheld. I acknowledge that if I have not answered any questions correctly, completely or faithfully, my waiver request may be declined. I acknowledge that any approved waiver amount will be applied to my loan with Oxford Finance.

Signature of Customer X .....      Date .....

**REDUNDANCY WAIVER REQUEST FORM cont.**

**4. Employer to complete**

Employee name ..... Employed by .....

Position held .....

Basis of employment (wages, salary, contract, temporary, etc) .....

Date of commencement..... Date of termination.....

Reason for termination .....

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When was the employee first made aware of the possibility of redundancy? .....

Have you worked since being made redundant?  Yes  No

Was alternative employment offered?  Yes  No

If 'Yes', please give details.....

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Is the position formerly held still in existence?  Yes  No

Was the above named employed on a permanent full time basis?  Yes  No

Name ..... Position .....

Signature X ..... Date .....