



PO BOX 331248 Takapuna, Auckland 0740

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? Yes N Paid for by commission, fees or any or	ther than by way of salary or wages? Yes No
A fixed term contract? \bigcirc Yes \bigcirc N	o Seasonal/temporary work? Yes No
How many hours did you work per week?	
Have you worked since being made redundant? Yes N	0
If 'Yes', on what date did you start work?	•
Have you returned to your own occupation? Yes N	
If 'No', in what occupation have you returned to work and what	duties are involved?
Please state which WINZ branch you are registered with	
Name of WINZ case manager	
3. Declaration and Privacy Act 2020	
the payment waiver for the purposes of evaluating my waiver	information concerning me pursuant to the terms and conditions of request. The personal information provided in this waiver request he right to access and correct this information subject to the provisions
I authorise the use and disclosure of my personal information request.	to Oxford Finance Limited and others for the purposes of assessing my
I declare that all statements made in this form are true and cor I acknowledge that if I have not answered any questions corre I acknowledge that any benefits payable under this waiver req	ctly, completely or honestly, my waiver request may be declined.
Signature of Customer X	
Signature of Customer A	Date





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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	
When was the employee first made aware of the possibility of redu	ndancy?
Have you worked since being made redundant?	Yes No
Was alternative employment offered?	Yes No
If 'Yes', please give details	
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