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Repayment Waiver Claim Form

Contract Number:

Date:

 (d) (m) (y) ☐

Reason for Claim:

Accident ☐ Sickness ☐ Death ☐

Is the client on the Repayment Waiver Plan and does it cover the person on the medical / death certificate?

☐ Yes ☐ No

To be checked by
MoneyShop Branch

Nominated Borrower:

Address

Date of Accident / Onset of Sickness / Death:

 (d) (m) (y)

**Cause of Accident /
Sickness / Death:**

Name of Doctor:

Address of Clinic

**Is there likely to be
permanent disability:
Duration of Sickness
to date:**

☐ Yes
☐ No

**Is Sickness likely
to continue:**

☐ Yes
☐ No

**If YES, what is the
likely duration:**

**Signed by / on behalf of
Nominated Borrower:
Relationship to Nominated
Borrower:**

For MoneyShop CPIP Manager use only

Has employer been contacted to confirm

Absence from work? Yes No

Instalments weeks / days
covered by medical / death
certificate:

Instalment amount as
per contract:

\$

Instalment amount daily
(5 day working week):

\$

Instalment period covered by

medical / death certificate:

 (d) (m) (y)

to

 (d) (m) (y)

Weekly

Fortnightly

Monthly

Amount of CPIP
posted to account:

\$

Accepted

Declined

Payments by Direct Debit
If yes refer back to Branch to hold DD

YES NO

Reason for decline:

CPIP Manager Signature:

Date of CPIP posting:

 (d) (m) (y)