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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: Yes No
Duration of Sickness to date:

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 YES NO
 If yes refer back to Branch to hold DD

Reason for decline:

CPIP Manager Signature:

Date of CPIP posting:

(d) (m) (y)