

FINANCIAL DETAILS

7. What is the maximum amount you could pay?

Maximum amount payable (fortnightly)*

Fortnightly \$.

Or

Maximum amount payable (monthly)

Monthly \$.

Preferred starting date of repayments

/ /

(Within 3 months of today's date)

8. Direct debit payment

Is the company interested in establishing a direct debit arrangement with your bank/ financial institution? Yes No

Note: If you select yes, you will be provided with further information on this option in the future.

9. Please provide details of the company's assets

Current assets	Amount
Money in bank/Building Society/ Credit Union	\$ <input type="text"/>
Investments	\$ <input type="text"/>
Receivables	\$ <input type="text"/>
Inventories	\$ <input type="text"/>
Other current assets	\$ <input type="text"/>
Non-current assets	\$ <input type="text"/>
Investments	\$ <input type="text"/>
Property, plant & equipment	\$ <input type="text"/>
Intangibles	\$ <input type="text"/>
Other non-current assets	\$ <input type="text"/>
Total assets	\$ <input type="text"/>

10. Please provide details of the company's liabilities

Current liabilities	Amount
Creditors and borrowings	\$ <input type="text"/>
Provisions	\$ <input type="text"/>
Other	\$ <input type="text"/>
Non-current liabilities	\$ <input type="text"/>
Total liabilities	\$ <input type="text"/>

11. Please provide statement of profit and loss

Item of profit (or loss)	Amount
Dividends	\$ <input type="text"/>
Interest	\$ <input type="text"/>
Material profits (or losses) arising from the sale of non-current assets	\$ <input type="text"/>
Material increases (or decreases) arising from re-evaluation of non-current assets	\$ <input type="text"/>
Material transfers from (or to) provisions	\$ <input type="text"/>
Abnormal items	\$ <input type="text"/>
Interest	\$ <input type="text"/>
Bad or doubtful debts	\$ <input type="text"/>
Depreciation of particular assets	\$ <input type="text"/>
Total profit(loss)	\$ <input type="text"/>

12. Exceptional financial circumstances

Please provide any exceptional financial circumstances you would like to be considered for this application and attach any supporting documentation.

Supporting documentation attached

13. Checklist

Please use the checklist below to ensure you have completed all sections.

Company details Evidence attached
 Financial details Additional pages attached (if used)

14. Declaration

I declare that the contents of this application are true and correct to the best of my knowledge.

I understand that my application will be assessed based on the information I have provided.

SIGN AND DATE HERE

/ /

I am authorised to sign on behalf of the company Yes No

UPON COMPLETION

Mail to: Fines Victoria, PO Box 14487, Melbourne 8001. You should receive a response within 21 working days from receipt of your application.

Submit online: www.fines.vic.gov.au/contact-us (click submit an online enquiry)

Submit in person: Fines Victoria Ground Floor, 277 William Street Melbourne, Victoria

FURTHER ENQUIRIES If you have any questions regarding this application, please contact Fines Victoria on (03) 9200 8222.

Do you require legal assistance?

You may be able to obtain assistance from one of the following organisations:

- Victoria Legal Aid | www.legalaid.vic.gov.au
- Victorian Community Legal Centres | www.communitylaw.org.au
- Victorian Aboriginal Legal Service | www.vals.org.au

Privacy Statement

The Department of Justice and Regulation collects personal information for the purposes of dealing with and enforcing your outstanding fines. Personal information may also be disclosed to third parties as authorised by the Privacy and Data Protection Act 2014 and Health Records Act 2001.