



# Restructure Application Form.

Please complete the form and return to: Mercedes-Benz Finance, Burystead Court, Caldecotte Lake Drive, Milton Keynes MK7 8ND.  
Any questions? Please call Customer Services on 0870 847 0700.

\*Mandatory fields

## What happens next?

After we receive your completed form, we'll write to you within 48 hours of receipt with either:

- A quote for restructuring your agreement
- A decline of your application

Agreement no:\*

Vehicle registration no:\*

Contact telephone no:\*

## Address Details.

Name of account holder:\*

House no. or name:\*

Street:\*

City/Town:\*

Postcode:\*

## Contact Details.

Please print clearly so that we can reach you regarding your application.

Email:\*

Home (inc STD):\*

Work (inc STD):\*

Mobile:\*

## Residential Status.

Please delete as applicable:\*

Owner/Tenant/Other

## Employment.

Current occupation:\*

Gross annual income:\*

£

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## If you have been made redundant please answer the following questions:

1. What was your severance pay/entitlement?\*

£

2. What steps are you taking to secure employment?\*

Please specify if you have secured an interview or received a firm offer?\*

3. If so please give details:\*

Name of company:  
Position:  
Expected salary:  
  
Name of company:  
Position:  
Expected salary:

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## Sickness:

Please indicate if you are unable to work due to sickness/caring for someone who is sick. (Please delete as applicable)

What is the nature of the illness?\*

How long are you expected to be away from work?\*

What, if any, sickness payment/disability allowance are you receiving?\*

£  
£  
£

What, if any, Insurance do you have to cover your outgoings?\*

## Savings:

Please indicate what savings you have to help cover your period of unemployment/sickness:\*

## Other Financial Support:

Are you able to draw financial support from family or friends to assist with your arrears?

Please give details:\*

## Arrangement Type:

Ideally, what would you like your monthly payment to be?\*

How long would you like to pay this amount for?\*

## Additional Information:

Are there any other reasons why you are requesting this arrangement? (For example, loss of overtime/reduction in hours etc.)\*

Please note that this is an application only and must not be assumed as our acceptance to your request.


## Credit Agency Searches:

To give consideration to the restructure of your agreement, we require your permission to access information supplied by the Credit Reference Agencies and we would ask that you please sign below to give your consent to this. If we do not have your permission please note we will be unable to progress with your request.

Customer signature:\*

Date effective from:\*

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