

Farm Business Debt Mediation Unit  
Queensland Rural and Industry  
Development Authority (QRIDA)  
GPO Box 211 Brisbane Qld 4001  
Freecall: 1800 623 946 F: 07 3032 0300  
E: contact\_fbdm@qrída.qld.gov.au  
www.qrída.qld.gov.au/fbdm

# Form 7 Request for Internal Review of Original Decision

OFFICE USE ONLY  
Mediation Number:

F807 v2

This is a form approved by the Queensland Rural and Industry Development Authority (QRIDA) under section 90 of the *Farm Business Debt Mediation Act 2017* (Qld) (the Act) for use in applying to QRIDA for an internal review of an original decision under section 80 of the Act.

## Farmer or mortgagee to prepare and send to QRIDA.

Party seeking review:

Surname or company name \*

Given names/s (leave blank if a company)

ABN

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Service address

Town

State

Post code

Authorised representative

Contact phone

Email address

\* Note if the farmer is not an individual include the name and contact details in the authorised representative section

Details of original decision:

- Decision being reviewed: \_\_\_\_\_
- Date of original decision: \_\_\_\_\_
- Date of notice of original decision received by applicant: \_\_\_\_\_

Reasons and information to support request for review of original decision (provide as an attachment if required)



All requests to review an original decision must be submitted within **20 business days** of receipt of the Information Notice or knowledge of the decision outcome where the Information Notice has not been served.

Within 30 business days of receiving an application for internal review of an original decision, QRIDA will review the original decision, make a decision to confirm, amend or substitute another decision, and give notice to the applicant of the internal review decision.

### **Authorisation**

I/We hereby authorise QRIDA to obtain and disclose such information as considered necessary in relation to this review.

I/We certify that all the information provided in the whole of this request is true and accurate.

Applicant/s Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Privacy information**

Personal information provided on this form or obtained from any Relevant Person may be used by QRIDA or state government agencies and their authorised representatives to assess your review and in relation to the administration and management of the Act. More information about our privacy policy is available at [www.qrida.qld.gov.au](http://www.qrida.qld.gov.au)