

# + Notification of change of members (Directors/Shareholders/Officeholders) v2 30/8/2022

Complete this form to notify the Queensland Rural and Industry Development Authority (QRIDA) of change of Directors/Shareholders/Officeholders of an entity which holds a COVID-19 Jobs Support Loan account.

## Section 1 - Borrower's details *(please complete all details)*

Borrower name

Borrower ABN

QRIDA loan account number

## Section 2 - Resigning member (Director/Shareholder/Officeholder) details

Name (Member 1)

Name (Member 2)

Name (Member 3)

Name (Member 4)

Name (Member 5)

## Section 3 - New member (Director/Shareholder/Officeholder) details

*Please provide us with a copy of the ASIC Registration as well as the authorised person's identification which bears their signature (e.g. Drivers Licence, Australian Passport)*

**Name (Member 1)**

Date of birth

**Address**

Number and street name

Suburb

State

Postcode

Landline

Mobile

Email

Position (e.g. Director/Shareholder/President/Secretary)

**Name (Member 2)**

Date of birth

**Address**

Number and street name

Suburb

State

Postcode

Landline

Mobile

Email

Position (e.g. Director/Shareholder/President/Secretary)

1800 623 946

qrda.qld.gov.au

 /QRIDAMedia

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 /company/QRIDA

 @we.are.qrida

Queensland Rural and Industry Development Authority (QRIDA)

GPO Box 211 Brisbane Qld 4001 Email: contact\_us@qrda.qld.gov.au ABN: 30 644 268 943



**Section 3 - New member (Director/Shareholder/Officeholder) details (continued)****Name (Member 3)**

Date of birth

**Address**

Number and street name

Suburb

State

Postcode

Landline

Mobile

Email

Position (e.g. Director/Shareholder/President/Secretary)

**Name (Member 4)**

Date of birth

**Address**

Number and street name

Suburb

State

Postcode

Landline

Mobile

Email

Position (e.g. Director/Shareholder/President/Secretary)

**Name (Member 5)**

Date of birth

**Address**

Number and street name

Suburb

State

Postcode

Landline

Mobile

Email

Position (e.g. Director/Shareholder/President/Secretary)

**Section 4 - Authority**

Please accept this as an authority to action above request. All business owners, Directors or Trustees must sign below.

In signing below, I/we are acknowledging and/or consenting to each of the matters indicated above:

Borrower	Signature	Name	Position	Date
One				
Two				
Three				
Four				
Five				
Six				

**Submitting this form**Please submit this completed request form to QRIDA by emailing it to [jobsupportloan@qrda.qld.gov.au](mailto:jobsupportloan@qrda.qld.gov.au)**Enquiries**If you require assistance with completing this form please contact QRIDA on **1800 623 946**.**Your privacy**

QRIDA recognises that your privacy is important and is committed to protecting the personal information we collect from you. For more information about how we collect, use, disclose and otherwise manage personal information about you, please see QRIDA's privacy policy on its website at [qrda.qld.gov.au/privacy](http://qrda.qld.gov.au/privacy). QRIDA also complies with the *Human Rights Act 2019* (Qld) when making any decision, including with respect to collection, use and disclosure of personal information.