Disaster Assistance Loans
Essential Working Capital
Application Form Small Business

v15 24/10/2025
Fund code: DALEWCSB25

Information checklist

The following information must be provided to QRIDA:	Provided with this form:
Proof of identification *Please provide copies of identification for all borrowers. Acceptable documents can include any **three** of the following:* • ***Birth Certificate*** *- if your current name does not match your Birth Certificate, please also provide a Marriage Certificate or Change of Name Certificate. Birth Extracts are not acceptable.* • ***Drivers Licence*** *- please ensure both the front and back of the card is included.* • ***Medicare card*** • ***Passport*** *If QRIDA is unable to verify your identity using the provided documents, you may be requested to provide alternate forms of identification.*	◯ Yes ◯ No - please state why:
Past 3 (three) Years' Financial Statements • *Including Profit and Loss Statement, Balance Sheet and depreciation schedules* • *Cashbook figures are acceptable if financial statements have not been prepared* • *Financials must be provided for the applicant entity and all associated entities*	◯ Yes ◯ No - please state why:
Past 3 (three) Years' Personal Taxation Returns *(Taxation Assessment Notices are not accepted)* • *Returns for all associated individuals as prepared by your accountant* *Please include copies only as under the Public Records Act 2023 documents cannot be returned*	◯ Yes ◯ No - please state why:
Monthly Cash Flows for the Current Financial Year	◯ Yes
Monthly Cash Flows for the Next Financial Year	◯ Yes
Schedule of Account Details *A copy of the form is to be completed by each of your lenders (including banks, credit unions, lease/finance companies etc.) and attached to this application. Please arrange for your lenders to return this form to you prior to submission of the completed application to QRIDA.*	◯ Yes
Australian Tax Office (ATO) Integrated Client Account Statement *Copy of the ATO Integrated Client Account Statement (previous 12 months) for the applicant / each member and all associated entities.*	◯ Yes
Trust Deed	◯ Yes ◯ No - not a trust
Please provide any additional information or documentation that you feel may support your application.	

Which eligible disaster caused damage to your primary production enterprise? (Refer Disaster Assistance Scheme Guidelines)

Section 1 - Applicant details

Borrowing entity name

Borrowing entity ABN *(if applicable)*

Please select the borrowing entity:

- ◯ Sole trader (Please list individuals below)
- ◯ Partnership (Please list individual partners below)
- ◯ Trust
  - Trustee: ◯ Individual *(please provide the individual trustee/s details below)* ◯ Company *(please provide the Company name and the Company Directors' details below)*
  - Trust name
- ◯ Company
  - Company name *Please list all the Company Director/s' details below.*

Applicant One *(this applicant will be the borrowing entity contact for ongoing correspondence with QRIDA)* ☐ **Identification provided (refer to checklist on page 1).**

Title | Surname | Given names | Date of birth

Mobile | Business landline | Email *(QRIDA will issue loan documentation from DocuSign to this email address if the loan application is successful)*

Residential address | Town/city | State | Postcode

☐ **IMPORTANT:**
By ticking this box, you consent to QRIDA using your personal information to provide you with information (including, where permitted by law, by telephone (including by SMS or electronically) about this loan product, including the progress of your loan application, and if your application is successful, loan account statements and payment reminders). Please refer to the privacy statement on page 8 of this document.

Applicant Two ☐ **Identification provided (refer to checklist on page 1)**

Title | Surname | Given names | Date of birth

Mobile | Email *(QRIDA will issue loan documentation from DocuSign to this email address if the loan application is successful)*

Residential address | Town/city | State | Postcode

Applicant Three ☐ **Identification provided (refer to checklist on page 1)**

Title | Surname | Given names | Date of birth

Mobile | Email *(QRIDA will issue loan documentation from DocuSign to this email address if the loan application is successful)*

Residential address | Town/city | State | Postcode

Applicant Four ☐ **Identification provided (refer to checklist on page 1)**

Title | Surname | Given names | Date of birth

Mobile | Email *(QRIDA will issue loan documentation from DocuSign to this email address if the loan application is successful)*

Residential address | Town/city | State | Postcode

Trading name | Trading name ABN

Industry type (e.g. horticulture, sheep, grain)

Section 1 - Applicant details (continued)

Road address of enterprise:

Town/city | State | Postcode

Current postal address of enterprise: ☐ Please tick if same as road address

Town/city | State | Postcode

Accountant

Contact person | Telephone

Firm | Email

Bank or financier

Contact person | Telephone

Bank / Financier name | Email

Branch

Nominated contact person on behalf of the entity

Name | Position title

Telephone | Email

Section 2 - Payment details

Please provide your bank account details for payment of the assistance funds by Electronic Funds Transfer:

Bank | Branch | BSB

Account name | Account Number:

Section 3 - Business description and background

How many years have you been operating your business?

Please detail your number of employees (excluding owners/directors):

Full time employees | Casual/part time employees (full time equivalent) | **Total full time equivalent employees**

Calculating Full Time Equivalent Employees: *Full time work is 35 hours per week or more. If your business has casual or part time workers, calculate the number of hours worked by these employees and divide that total by 35 to determine full time equivalents. (For example, 3 casual employees working 12 hours per week totalling 36 hours per week, equates to one full time employee.)*

Describe briefly the history of the business, what the business does, date of commencement in the defined disaster area and future business plan. Please state any relevant business/employment history of the Applicants/Directors. *Please attach separate page if more space is required.*

Section 4 - Details of disaster

How did the disaster impact upon your business income? *Attach a separate page if more space is required.*

Section 4 - Details of disaster (continued)

Do you hold an insurance policy for any losses suffered in the disaster event?

◯ No ◯ Yes - if yes, please provide the following details of your claim:

Insurance company | Claim amount

Details of claim

Claim outcome: Please select

Section 5 - Requirement for Essential Working Capital funding

Please detail the Essential Working Capital necessary to continue the normal operation of your *small business* for up to one year.
Note: This assistance **is not** intended to compensate the loss of income or provide assistance relating to direct damage suffered as a result of the *eligible disaster*.

Funding requirements *(refer example page 8)*	**Amount**
Peak closing bank balance over the next 12 months as shown on your cash flow projection	
Less your contribution - cash or investments*	
Less bank overdraft limit*	
Indicated Cashflow shortfall **(please do not include proposed loan in your cashflow projection)**	

*** You must use all liquid assets and available normal credit limits to be eligible for assistance under this scheme.**

Preferred terms and conditions	
Loan terms - Disaster Assistance (loan up to $100,000)	____ years (maximum 10 years) Interest only for: ◯ One year ◯ Two years ◯ N/A
Repayment frequency	◯ Monthly ◯ Quarterly ◯ Half yearly ◯ Yearly

Section 6 - Property details

Please show all properties owned or leased either individually or jointly with partners, other persons or associated entities. *Please copy and attach additional pages if you have more than one property.*

Property type (e.g. workshop)

◯ Owned | Purchase date | Purchase price | Current market value

◯ Leased | Lease payment (p.a.) | Expiry | Options

Registered owners

Title reference No or Lease No | Lot | Plan | Area (ha)

Property address

If rented - rental income per annum

Section 7 - Details of any vessels owned

Please copy and attach additional pages if more than one vessel.

Vessel name | Registered owner

Construction | Boat mark | Boat make

Australian Ships Number | Current survey report attached | Draft | Beam

Insured value | Copy of insurance certificate attached | Length | Age

Section 8 - Security

The Disaster Assistance Scheme requires all loan recipients to provide adequate security (preferably in the form of a property mortgage). Please outline your available security and mortgage arrangements should your application be successful.

Section 9 - Income produced

Sales figures must agree with financials and budgets.

	Product/service	Last Financial Year (20 Actuals)		This Financial Year (20 Actuals)		Next Financial Year Estimates		Year In - Year Out Estimates*	
		Quantity	Total ($)	Quantity	Total ($)	Quantity	Total ($)	Quantity	Total ($)
Sales									

Section 10 - Financial

Please comment on any significant income or expense variations in your past 3 years financial statements, and any significant abnormalities (other than disaster related) in your projected cashflows.

Additional information

If you would like to provide any additional information to support your application for assistance, please provide this below.

Section 11 - Statement of assets and liabilities

Please complete one statement of your **business and personal** assets and liabilities including those held individually or jointly with partners, other persons or associated entities. **The Statement must include all assets you own and all debts you owe.**

◯ Please tick if your statement of assets and liabilities is included in a separate template

Assets (show present fair market value)	**$**	**Liabilities** (current amount owing)	**$**
Cash at Bank		Overdraft (Limit:$)	
Term Deposits			
		Term loans	
Real estate			
Address:			
		Other Loans (e.g. Private Loans)	
Stock (show type)		Stock Loans/Floor plans	
Plant and machinery		Hire Purchase, Leasing & Chattel Mortgage *(transfer total from table below)*	
Vehicles			
		Entitlements Owing to Employees	
		Taxation Debt	
Accounts Receivable		Accounts Payable	
Debentures/Shares/Investments		Margin Loans	
		Real Estate Loans (show details)	
Superannuation (current estimated value)		Personal Loans	
Life Insurance (estimated surrender value)		Credit Cards	
Other Assets (detail)		Other Liabilities (detail)	
Total Assets		**Total Liabilities**	

Hire purchase and lease repayment schedule

Item	**Lender**	**Instalments**					**Lease residual**		**Total owing (a x b + c + d)**
		(a) Instalment amount	Frequency e.g. monthly/ yearly	(b) No. of payments remaining	Date of final payment	(c) Overdue payments (Arrears)	(d) Amount	Due date	
Total owing *(transfer total to 'Statement of Assets and Liabilities' above)*									

Section 12 - Acknowledgements, consents and privacy statement

In the following sections, titled acknowledgements, consents and privacy statement:

- **QRIDA** means Queensland Rural and Industry Development Authority;
- **Identify Verification Service Provider and credit reporting body** means Dun & Bradstreet (Australia) Pty Limited ACN 006 399 677 trading as Illion; and
- **Electronic Signature service Provider** means DocuSign, Inc.

Please tick each of the below to indicate your acceptance. Your acknowledgement and acceptance of each item is a condition of submitting a valid application.

Acknowledgements

☐ I/We have read and understood the guidelines at qrida.qld.gov.au for the Disaster Assistance Loan Essential Working Capital – Small Business and have obtained clarification where needed.

☐ I/We certify that all of the information provided in the whole of this application is true and accurate and discloses my/our correct financial position.

☐ I/We certify that to the extent this application or any information provided in relation to this application contains information of, or about, another person, I/we have the authorisation of that person to provide the information and for it to be used and disclosed in accordance with the above authorisations.

☐ I/We are aware that it is an offence and that penalties may be applied under the *Rural and Regional Adjustment Act 1994* (Qld) if any information provided in an application or any document provided in respect of an application is found to be false misleading or incomplete in a material manner.

☐ I/We have read the Collection Notice and the Privacy Statement below and understand how personal information provided in my/our application may be collected, used and disclosed.

☐ I/We certify that the business which is subject of this application is not in administration, liquidation or a state of insolvency and that all of the business owners are similarly, to the best of my/our knowledge, not in a state of bankruptcy, insolvency, financial distress or difficulty.

☐ I/We are aware that QRIDA is bound by the *Public Records Act 2023* and are unable to return any documents forwarded as part of this application.

☐ I/We are aware that should our loan application be approved, the loan documents will be issued through DocuSign. I/We agree to execute the loan documents electronically via DocuSign (if you are unable to receive documents via DocuSign, please contact QRIDA at any time thoughout the application process).

Do you have, or have you had, any business dealings with QRIDA that could be considered an actual, potential or perceived conflict of interest with this application? ◯ Yes ◯ No

If Yes - please provide details of all your business dealings with QRIDA that may be considered an actual, potential or perceived conflict of interest:

Consent to Third Party Disclosures

☐ I/We authorise any Relevant Person to disclose to QRIDA and each of its authorised representatives such information as QRIDA or an authorised representative considers to be necessary or appropriate in connection with this application or any aspect of the Scheme from a Relevant Person ^, including my/our financial statements and personal taxation returns and other supporting information to verify my/our identity, determine if my/our business is eligible to receive a loan under the Scheme and in relation to the administration and management of the Scheme and any loan provided to me/us under the Scheme.

^ For the purposes of the above consents, **Relevant Person** includes:

- the Identity Verification Service Provider and credit reporting body, the Electronic Signature Service Provider, any accountant, solicitor, business consultant, bank, financial, supplier, processor, or other agent named or identified in this application or in supporting documentation provided with, or in support of, this application; and
- any Commonwealth, state or local government department, agency or authority that QRIDA or an authorised representative may consider relevant.

Credit information

To enable QRIDA to assess your application for a loan, QRIDA may need to be provided credit reporting information and credit eligibility information about your business and yourself.

☐ I appoint QRIDA as an access seeker under the *Privacy Act 1988* (Cth) and authorise QRIDA to make applications on my behalf to request credit reporting information and credit eligibility information from the Credit Reporting Body and other credit providers. I authorise QRIDA to disclose personal information to the Credit Reporting Body and other credit providers in order to request credit reporting information and credit eligibility information and to obtain and use information contained in the Failure Risk Report and any other information provided to us by the Credit Reporting Body and other credit providers.

Notice that credit information may be given to a credit reporting body:

To assist the Australian credit reporting system to function effectively, QRIDA may disclose to a credit reporting body certain business and personal information about you which includes:

a) your identification;
b) that credit has been applied for and the amount;
c) that QRIDA is a current credit provider to you (although is not a 'credit provider' for the purposes of the *Privacy Act 1988* (Cth));
d) details of payments which become overdue for more than 60 days;
e) that payments are no longer overdue;
f) details of payments made by you which have been dishonoured more than once;
g) that you have committed fraud in applying for or receiving credit from QRIDA or in evading your obligations regarding the credit received, or have attempted to do so;
h) that the credit provided to you by QRIDA has been paid or discharged.

Credit reporting bodies may include the above information in reports provided to other credit providers to assist them to assess your credit worthiness.

Information Collection Notice

Collection and use of your personal information

QRIDA and its authorised representatives are collecting and obtaining (from you and from the Relevant Persons) your personal information in connection with the Scheme, for the following purposes:

- verification of your identity and credit reporting information;
- assessment of your application and your eligibility for the Scheme at the time of making the application and on an ongoing basis;
- the administration and management of the Scheme or any loan provided to me/us under the Scheme including for compliance and enforcement purposes; and
- any other purposes related, or otherwise necessary to give effect, to the purposes listed above.

QRIDA and its authorised representatives may also use your personal information for the following purposes:

- to contact you in relation to your application, and the evaluation of the Disaster Assistance Loan Essential Working Capital;
- to facilitate its internal business operations and fulfil legal obligations;
- to assess the performance of QRIDA and other Queensland and Commonwealth Government grant and loan programs and services;
- to promote or market QRIDA and other Queensland and Commonwealth Government grant and loan programs and services (including the success and outcomes of the programs and services);
- research and development of QRIDA and other Queensland and Commonwealth Government actual and proposed services;
- to identify and assess your eligibility for or interest in other QRIDA and Queensland and Commonwealth Government administered grant and loan programs or services;
- to collate statistical data; and
- as permitted by law, including in accordance with QRIDA's disclosure rights under s. 40 of the *Rural and Regional Adjustment Act 1994*.

Continued over page...

Section 12 - Acknowledgements, consents and privacy statement (continued)

Disclosure of your personal information

QRIDA may disclose your personal information to the Relevant Persons, QRIDA's employees, contractors, related affiliates and third parties to the extent necessary or convenient to enable QRIDA to further the purposes described above (which do not extend to commercial purposes).
Government agencies to whom personal information is to be disclosed are:

- Department of Primary Industries
- Queensland Reconstruction Authority
- Queensland Treasury

Consent

By completing and submitting this application, you are consenting to QRIDA using the email address listed in this application, should your loan be approved, for the provision of any or all necessary loan documentation and managing your personal information in the manner described in this Collection Notice and our Privacy Policy.

Privacy statement

More information about the way QRIDA uses, discloses, and secures your personal information, how you can access and correct that information, and how you can make a complaint about a breach of privacy can be found in its privacy policy. QRIDA will comply with the *Human Rights Act 2019* (Qld) when making any decision, including with respect to collection, use, and disclosure of personal information.

☐ By ticking this box, I/we are acknowledging and/or consenting to each of the matters I/we have indicated above.

Further information on the program is available on qrida.qld.gov.au

Applicant	Signature	Name	Position	Date
One				
Two				
Three				
Four				

Further information

Did you engage with a QRIDA Regional Area Manager for this application? ◯ Yes ◯ No

Who else assisted you with this application process?

◯ Financial Counsellor ◯ Accountant ◯ Consultant ◯ QRIDA - Head Office

◯ Other, please specify:

How did you find out about this assistance?

◯ QRIDA Regional Area Manager ◯ QRIDA Head Office ◯ QRIDA Website ◯ Financial Counsellor

◯ Newspaper advertisement ◯ Radio advertisement ◯ Social media ◯ Event (please specify below)

◯ Prime Focus (QRIDA newsletter) ◯ Word of mouth ◯ Other, please specify:

How to apply

Please submit your completed application including all supporting documents to QRIDA by:

Post: GPO Box 211, Brisbane QLD 4001 **Email:** contact_us@qrida.qld.gov.au **Fax:** (07) 3032 0300

Enquiries

Further information on the program is available on the QRIDA website at **qrida.qld.gov.au**

If you need assistance with completing your application, or wish to speak to a Regional Area Manager, please contact QRIDA on **1800 623 946.**

Application and cashflow guidance

General guidance

QRIDA has Regional Area Managers based in Brisbane, Bundaberg, Emerald, Hughenden, Innisfail, Kingaroy, Mackay, Rockhampton, Roma, Toowoomba and Townsville who can assist you with any questions. To speak to your local Regional Area Manager, please contact QRIDA on **1800 623 946**.

Please complete each section in the application form and forward it to QRIDA with the required attachments (listed on page 1). Incomplete applications or missing attachments are likely to cause delays in assessing your application and may result in the application being declined.

Cashflow guidance

The cashflow forms should be completed by those who understand the business best. This is usually the owners and operators of the business. Your Accountant or Financial Advisor may be able to assist, if needed.

A projected cashflow, in which you estimate as accurately as you can the income and expenses for a current/future period, is probably the most important tool your business can have. You should base your projections on your historical results (past financials) and your knowledge of what might be different this year and the following year. The ability to check your actual results with what you expected will assist you to make critical decisions about your business.

QRIDA requires a monthly cashflow for the current year, plus the next full financial year. Microsoft Excel versions of the cashflow form are available to download from the QRIDA website, qrida.qld.gov.au. If you utilise the Excel cashflow, the totals will automatically calculate and you may find it is easier to complete. If you have your own computer prepared cashflows, please feel free to send them instead.

Completing a cashflow

The steps below outline how to complete a QRIDA application cashflow:

1. Fill in your name and QRIDA Client Identification Number (if known) at the top of the form and complete the relevant year.
2. Income
   - Refer to your past financials for suitable headings or use those shown as a guide. Please note that livestock/stock sales are shown (not the profit), with purchases shown in the purchases section of the form. These monthly figures should agree with the total sales shown in Section 10 (page 4) of your application form.
   - All income should be shown, including personal wages, interest and dividends from investments, rents from properties, any other personal income, government assistance and all business income. Use your historical records to estimate when income will be received, but adjust for your knowledge of any changes to sales patterns or income receipts. Do not include the QRIDA loan amount you are applying for.
3. Expenses
   - Again you should refer to your past financials for suitable headings for your business. Please use the headings shown as a basic guide. These will also assist you with the timing of payments. Do not include non-cash items such as Depreciation or Bad Debts in your cashflow.
4. Purchases
   - Here you should include all your livestock/stock purchases in the months when you expect to pay for them. These figures should agree with the total purchases shown in Section 10 (page 4) of your application form. Capital purchases would include major items such as vehicles or equipment (the cash amount paid excluding lease/HP etc), major renovations or improvements, new fences, irrigation equipment etc. Please make a note of the type of capital purchase. Include in this section the costs to restore your business from Section 6 (page 3).
5. Other Expenses
   - Here you would list all of your:

     - lease, hire purchase or chattel mortgage payments - interest on overdraft or similar type of non reducing facility, and

     - total repayments on term loans, personal loans, private loans, housing loans and credit cards.

     You also need to record your personal drawings, medical contributions and payments, education expenses for yourselves or dependants and life insurance payments.
6. Surplus or (Deficit)
   - This total will be automatically calculated if you are using the Microsoft Excel version of this form from the QRIDA website. If you are completing the form manually, please calculate the difference between Income and Expenses. If income is greater, you have made a surplus or profit. If Expenses are greater, you have made a (deficit) or loss.
7. Opening and Closing Bank Balances.
   - If completing the cash flow for the current year, the opening bank balance of your overdraft or operating account for July should be taken from your bank statement and adjusted if necessary for outstanding cheques. If completing the cash flow for the following or subsequent years, the opening bank balance will be the closing bank balance from the previous year's cash flow which you have completed.

     The purpose of this calculation is to provide an estimate of your bank balance (the closing balance) at the end of each month, and indicate your peak debt or credit. The closing balance is calculated by adding the opening balance to the monthly surplus or (deficit), which then becomes the opening balance for the next month.

Example cashflow projection and requirements and funding tables

Client Name: GT Retail Nursery					Client ID: 65432								
MONTHLY CASHFLOW FOR CURRENT FINANCIAL YEAR: JULY 2017 - JULY 2018													
Income	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Total**
Plant sales	25,000	25,000	30,000	35,000	40,000	35,000	30,000	40,000	40,000	55,000	45,000	40,000	440,000
Cut flower sales	10,000	10,000	10,000	10,000	10,000	15,000	5,000	50,000	20,000	45,000	30,000	10,000	225,000
Other													
Total Income	**35,000**	**35,000**	**40,000**	**45,000**	**50,000**	**50,000**	**35,000**	**90,000**	**60,000**	**100,000**	**75,000**	**50,000**	**665,000**
Expenditure - fixed and variable (amend, add or delete headings as necessary to suit your business - refer to past financials)													
Fixed costs	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	96,000
Variable costs	22,750	22,750	26,000	29,250	32,500	32,250	22,750	58,500	39,000	65,000	48,750	32,500	432,250
Sub total	**30,750**	**30,750**	**34,000**	**37,250**	**40,500**	**40,500**	**30,750**	**66,500**	**47,000**	**73,000**	**56,750**	**40,500**	**528,250**
Purchases													
Seedlings							30,000	30,000					60,000
Plant stock							68,000						68,000
Watering system repairs								30,000					30,000
Equipment replacement								27,000					27,000
Sub total							**98,000**	**87,000**					**185,000**
Other expenses													
Lease/HP/Chattel Mortgage	560	560	560	560	560	560	560	560	560	560	560	560	6,720
Interest	300	310	320	310	300	290	290	290	290	290	290	290	3,570
Loan repayments	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	48,000
Personal living expenses	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000
Medical/education/insurance	500	500	500	500	500	500	500	500	500	500	500	500	6,000
Sub total	**7,360**	**7,370**	**7,380**	**7,370**	**7,360**	**7,350**	**7,350**	**7,350**	**7,350**	**7,350**	**7,350**	**7,350**	**88,290**
Total Expenditure:	**38,110**	**38,120**	**41,380**	**44,620**	**47,860**	**47,850**	**136,100**	**160,850**	**54,350**	**80,350**	**64,100**	**47,850**	**801,540**
Surplus (Deficit)	**-3,110**	**-3,120**	**-1,380**	**380**	**2,140**	**2,150**	**-101,100**	**-70,850**	**5,650**	**19,650**	**10,900**	**2,150**	**-136,540**
Opening bank balance	**-53,110**	**-56,220**	**-59,340**	**-60,720**	**-60,340**	**-58,200**	**-56,050**	**-157,150**	**-228,000**	**-222,350**	**-202,700**	**-191,800**	
Closing bank balance	**-56,220**	**-59,340**	**-60,720**	**-60,340**	**-58,200**	**-56,050**	**-157,150**	**-228,000**	**-222,350**	**-202,700**	**-191,800**	**-189,650**	
	Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	

How QRIDA will determine your borrowing needs:

The level of assistance for which you may be eligible will be determined by:

1. Establishing from your cashflow budgets accompanying this application the anticipated Peak Closing Debit Balance of your working account over the next 12 months.
2. Deducting from that figure any available cash contribution and/or drawdown of undrawn lines of credit, (excluding your overdraft limit) to be applied toward your post disaster working capital needs.
3. Then deducting your full overdraft limit (if any).

	Example one	**Example two**
Funding	**Amount**	**Amount**
Peak closing bank balance over the next 12 months as shown on your cashflow projection shown on cashflow projection	$228,000	$228,000
Less your contribution - cash or investments	nil	$48,000
Less overdraft limit	$150,000	$150,000
Indicated QRIDA Loan	**$78,000**	**$30,000**

Schedule of Account Details

A separate copy of this form is to be completed by *each* of your lenders. Please arrange for your lenders to return this form to you before submitting your completed application form to QRIDA. (Includes banks, finance companies, building societies, credit unions and private lenders. For applicants and *all* related entities)

Consent and Authorisation

To: _____ *(Bank/Financier name)*

Please list below details of all my/our accounts held with your company and return this form to me/us according to the Return Instructions (shown to the right of this form). You are also authorised to discuss my/our accounts with QRIDA and provide any information QRIDA may request regarding my/our accounts.

Name/Company/Firm: _____ Applicant's Signature: _____

Name/Company/Firm: _____ Applicant's Signature: _____

Return Instructions

Please return this form to me/us by:

- ◯ Fax: _____
- ◯ Email: _____
- ◯ Post: _____

Loan Accounts, Equipment Finance and Other Borrowings *(Debit Accounts)*

Account name	Account BSB & Number	Facility Type	Balance	Limit	Interest Rate	Expiry Date	Repayment Amount	Repayment Frequency	Balloon or Residual	Arrears

Contingent Liabilities:

Savings Accounts, Term Deposits, Investment Accounts and other Asset Accounts *(Credit Accounts)*

Account name	Account BSB & Number	Account Type	Balance

I/we confirm the above information is true and correct at the date executed.

Branch address/stamp:					
Manager name:		Manager signature:		Date:	
Email address:		Phone number:		Fax Number:	

An additional Schedule of Account Details form is available on QRIDA's website