Disaster Assistance Loans Essential Working Capital Application Form Small Business

v15 24/10/2025 Fund code: DALEWCSB25

The following information must be provided to QRIDA:	Provided wi	th 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

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)	
Trustee	ndividual (please provide the individual trustee/s details below) Dompany (please provide the Company name and the Company Directors' details below)
Please list Company Company name	all the Company Director/s' details below.
Applicant One (this applicant will be the borrowing entity contact Title Surname Given r	(refer to checklist on page 1).
Mobile Business landline Email (QRIDA wi	ill issue loan documentation from DocuSign to this email address if the loan application is successful)
Residential address	Town/city State Postcode
telephone (including by SMS or electronically) about this loan	information to provide you with information (including, where permitted by law, by product, including the progress of your loan application, and if your application is . 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 r	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 r	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 r	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 ente	erprise:		Current postal address of enterprise: Please tick if same as road addre						
	•		•	•					
Town / city	State	Postcode	Town / city	State	Postcode				
Town/city	State	Posicode	Town/city	State	Postcode				
Accountant									
Contact		T 1							
person		Iel	ephone						
Firm		Em	ail						
		LIII	an						
Bank or financier									
Contact		Tel	ephone						
person			50						
Bank /		Em	ail						
Financier name									
Branch									
Nominated contact n	erson on behalf of the e	ntity							
itominated contact p	cison on benad of the e	incity							
Name			Position title						
Telephone			Email						
Section 2 - Payment	details								
·		man manufactile and a state	on Contain Florin	······································					
Please provide your i Bank	oank account details for	Branch	nce funds by Electro	BSB	:				
Account name			Acco	ount Number:					
Castian a Business		d							
-	description and backgr								
How many years have	e you been operating yo	ur business?							
Please detail your nu	mber of employees (exc	luding owners/director	·s):						
Full time employees	Casual/	part time employees		Total full time					
		full time equivalent)	-	ivalent employees					
					part time workers, calculate the 2, 3 casual employees working 12				
hours per week totalling	g 36 hours per week, equat	es to one full time employe	ee.)	raterites (rerestampte	, y casaat empteyees werning 12				
Describe briefly the h	nistory of the business, v	what the business does	, date of commence	ment in the define	ed disaster area and future				
	e state any relevant bus	iness/employment hist	ory of the Applicant	s/Directors. <i>Please</i>	attach separate page if more				
space is required.									
Section 4 - Details of	disaster								
	impact upon your busin	less income? Attach a se	parate page if more spa	ce is required					
and the disaster	pact apon your busin	. 223 meeme. Alluch a sep	.a. ace page if more sput	oo io regairea.					

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

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 (m	aximum 10 years)	Interest on	ly for:	One year	Two years	N/A
Repayment frequency	Monthly	Quarterly	Half yearly	Year	ly		

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 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 Current survey
Ships Number report attached Draft Beam

Insured value Copy of insurance certificate attached Length Age

Sec	tion 8 - Security								
	Disaster Assistance rtgage). Please outlin								roperty
Soc	tion 9 - Income prod	ucod							
	es figures must agree		cials and hudge	ets					
Suit	Product/service		nancial Year Actuals)		nancial Year Actuals)		nancial Year timates		- Year Out imates*
		Quantity	Total (\$)	Quantity	Total (\$)	Quantity	Total (\$)	Quantity	Total (\$)
Sales									
6									
	tion 10 - Financial					C			
	ase comment on any Iormalities (other tha					3 years nnar	iciai statements	s, and any sig	gnincant
Add	litional information								
	ou would like to prov	ide any add	L ditional informa	tion to supp	ort your applic	ation for ass	sistance, 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

nne purchase and tease repayment schedute													
				Instalment	Lease 1								
Item	Lender	(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 (a x b + c + d)				
			_						İ				

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 grida.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?

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:

- your identification;
- that credit has been applied for and the amount;
- that QRIDA is a current credit provider to you (although is not a 'credit provider' for the purposes of the *Privacy Act* 1988 (Cth)); details of payments which become overdue for more than 60 days;
- d)
- that payments are no longer overdue: e)
- details of payments made by you which have been dishonoured more than once;
- 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;
- 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 ORIDA'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				

tur	ther	inte	orm	atı	on

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 Nu	rsery				Client ID): 65432							
MONTHLY CASHFLOW FOR	CURREN	T FINANCI	AL YEAR:	ULY 2017	- JULY 20:	18							
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 va	riable (an	nend, add	or delete	headings	s as neces	sary to s	uit your b	usiness - I	refer to pa	st financi	ials)		
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		-56,220	-59,340	-60,720	-60,340	-58,200	-56,050	-157,150	-228,000	-222,350	-202,700	-191,800	3.,34-
opening bank balance	-53,110	50,220	27,340	00,/20	00,340	50,200	50,050	-				-	
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	

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

Example two							
Amount							
\$228,000							
\$48,000							
\$150,000							
\$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								Return I	Return Instructions		
То:	(Bank/Financier name)							Please r	Please return this form to me/us by:		
Please list below details of all my/our accounts held with your company and return this form to r									Fax:		
right of this form). You are also authorised to discuss my/our accounts with QRII accounts.				OA and provide any information QRIDA may request regarding my/our					Email:		
Name/Company/Firm:	Applicant's Signature:							Pos	Post:		
Name/Company/Firm:	ame/Company/Firm: Applicant's Signature:										
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:			T.			I					
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 info	ormation is true and correc	t at the date execut	ed.								
Branch address/stamp:											
Manager name:			٨	Manager signature:				Date:	2:		
Email address:			F	Phone number:				Fax Numb	Fax Number:		

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



(f) (10) (10)