



Have you attached completed Request to Pay forms for each service provider to be paid as part of this payment? (If selecting service provider payment)	Yes	No
Have you attached your certificate of modification under the Transport Operations (Road Use Management—Vehicle Standards and Safety) Regulation 2010?	Yes	No
Have you attached confirmation the new wheelchair accessible taxi vehicle being listed on the taxi service licence (including details of the new WAT condition included)?	Yes	No

## Section 5 - Bank details

**If you are requesting direct payment to the service provider, please go to Section 6 and also complete a separate 'Request to Pay' form available from [qrda.qld.gov.au/tools-resources/forms-downloads](http://qrda.qld.gov.au/tools-resources/forms-downloads)**

Please provide a copy of your bank account statement. To ensure that payment is issued to the correct account, the bank details provided below must match the entity details provided on the bank statement. Ensure the evidence includes your BSB, Account Number and Account Name. Financial transactions may be redacted unless relevant to your grant claim.

(Note: Bank account must match the applicant entity).

Bank	Branch	BSB
Account name	Account number	
If you wish claim via progress payments you will need to provide a firm quote from the installer to install NEW wheelchair accessible mechanisms, and correspondence from the installer confirming the date the proposed fit out is to occur.		
	Yes	N/A

## Section 6 - Declaration and authorisation

**I/We hereby authorise QRIDA and any of its authorised representatives to:**

- collect information that QRIDA or its authorised representatives consider to be necessary or appropriate in connection with this claim application, the administration and management of the Wheelchair Accessible Taxis Grant Scheme from:
  - any service provider or other person named or identified in this claim application or any supporting documentation provided with, or in support of, this claim; and
  - any state or local government agency or authority that QRIDA or its authorised representatives may consider relevant to this claim (each a Relevant Person<sup>^</sup>); and
- disclose to any Relevant Person and to any contractor or agent of QRIDA involved in the assessment or processing of this claim application:
  - that I/we have made this claim application;
  - information contained in this claim application or any supporting documentation provided with, or in support of, this claim application;
  - information collected by QRIDA or its authorised representatives under paragraph (a) above; and
  - information about any previous claim application I/we have made to, or financial assistance received from, QRIDA.

<sup>^</sup> For the purposes of the above consents, Relevant Person includes:

- the Identity Verification Service Provider and any accountant, solicitor, business consultant, bank, financier, 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.

### Other acknowledgements and consents

I/We understand that in relation to the Scheme, QRIDA does not assume any common law duty of care towards applicants and will not be liable for any loss or damage, however caused (including the negligence of QRIDA), suffered or incurred by applicants in connection with this Scheme or any information provided by QRIDA in relation to this Scheme.

I/We also understand that any ongoing maintenance costs will remain the responsibility of the Applicant and are not included in this Scheme.

I/We acknowledge that QRIDA will rely on this information when making its decision.

I/We understand that any overpayment will be recovered by QRIDA.

I/We have read, understood and agreed to the acknowledgements and consents relating to the protection of my privacy.

<b>Applicant:</b>					
Print full name:		Signature:		Date:	
<b>Company/trust - signed on behalf of:</b>					
Company name:		ACN/ABN:			
Print full name:		Director's signature:		Date:	
Print full name:		Director/Secretary's signature:		Date:	

## Privacy

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 eligibility for the above Scheme and in relation to the administration and management of the Scheme or any assistance provided to you under the Scheme. QRIDA or the Department of Transport and Main Roads (TMR) may also use this information to research and develop its service, to collate statistical data, or, in some cases, provide you with information on other QRIDA support programs. QRIDA may disclose your personal information in accordance with your Authorisation above. More information about our privacy policy is available on our website at [qrda.qld.gov.au/privacy](http://qrda.qld.gov.au/privacy)