Loan - Full Review Form
Small Business

V2 19/06/2026

Information checklist

The following information must be completed/provided to QRIDA as part of this loan review:	Provided with this form:
All sections of this Loan Review Form are complete	◯ Yes
Previous Financial Year Financials Statements *Including Profit and Loss Statement, Balance Sheet and depreciation schedules.* **Note:** *Cashbook figures are acceptable if financial statements have not been prepared. Financials must be provided for the applicant entity and all associated entities.*	◯ Yes
Previous Financial Year Taxation Returns *Tax Returns for all associated individuals and all associated entities as prepared by your accountant*	◯ Yes
ATO Portal – Integrated Client Account Statement	◯ 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 sent in with your Loan Review Form.*	◯ Yes ◯ Not applicable
Proof of expenditure (Tax invoices, receipts, bank statements) *This applies if this is the First Annual Review of your loan. As per Section 15 of your facility letter.*	◯ Yes ◯ Not applicable
Any report/s required by your Mutual Obligation Milestone/s as part of your Disaster Assistance Loan *As per Section 15 of your Facility Letter.*	◯ Yes ◯ Not applicable
Insurance - Certificate of Currency for any significant assets used as security for your loan	◯ Yes ◯ Not applicable
Valuation *If you have had a property/business valuation done in the last 3 years, please provide a copy*	◯ Yes ◯ Not applicable
Any other information or documentation that you feel may assist with the Review.	

Section 1 - Your contact details

Client name: ______ Client ID: ______

Residential address: ______

Postal address: ______ ☐ *Please tick if same as road address.*

Telephone ______ Fax ______ Mobile ______ Email ______

☐ 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 text or SMS or electronically) about this loan product, including loan account statements and payment reminders. Please refer to the privacy statement on page 5 of this document.

Section 2 - Employment details

Number of Employees	Full time	Full time equivalent*
Number of **existing** employees (including owners, partners, directors, etc.)		
After completion of project, number of additional employees (if applicable)		

***Calculating Full Time Equivalent**
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, seven casual employees working 10 hours per week totalling 70 hours per week, equates to two full time employees).

Section 3 - 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	$ 0.00	**Total Liabilities**	$ 0.00

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	
			Please selec						$ 0.00
			Please selec						$ 0.00
			Please selec						$ 0.00
			Please selec						$ 0.00
			Please selec						$ 0.00
			Please selec						$ 0.00
			Please selec						$ 0.00
			Please selec						$ 0.00
								Total owing *(transfer total to 'Statement of Assets and Liabilities' above)*	$ 0.00

Section 4 - Insurance

If QRIDA holds security over your property and/or plant and equipment, are all of your assets used as security insured for

◯ Yes ◯ No - If no, please provide a brief comment as to why not:

Section 5 - Changes to property / assets

Please provide the details of the purchases and/or sale of any property or assets since your last review.

◯ No change ◯ Purchased (please describe) ◯ Sold (please describe)

Section 6 - Business performance / progress of business plans

Please provide a detailed comment on the performance and challenges of your business over the past year. If this is your first review please comment on how the funds are benefiting your enterprise.

Section 7 - Authorisation

☐ I / We hereby authorise QRIDA to obtain from and / or disclose to my / our accountants, solicitors, business consultants, commercial lenders (e.g. banks and other financiers), other government departments, regional and shire councils, suppliers, processors, credit reporting agencies or other agents such as information as considered necessary in relation to this review.

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

At least one business owner, director or trustee must sign below.

Applicant	Signature	Name	Position	Date
One				
Two				
Three				
Four				

How to submit your review

Please submit your completed Loan Review Form including all supporting documents to QRIDA by:

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

Enquiries

If you require assistance with completing your Loan Review please contact QRIDA on **1800 623 946.**

Privacy

The Queensland Rural and Industry Development Authority (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 www.qrida.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.*

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