

# Loan Application Form

## Drought Loans



### MANDATORY INFORMATION

**IMPORTANT: PLEASE READ THE DROUGHT LOANS GUIDELINES PRIOR TO COMPLETING THIS APPLICATION**

#### CHECKLIST

The following information must accompany your application:

- At least the past three (3) years' Financial Statements** for all entities associated with the application. These should include:
  - Accountant prepared Profit and Loss Statement, Balance Sheet and Depreciation Schedules.
  - Financials must be provided for the Applicant entity and all associated entities.
- Past three (3) years' Business & Personal Taxation Returns** for all entities and individuals associated with the application (individuals include sole traders/partners/directors/trustees and guarantors). Note: Taxation Assessment Notices are not acceptable.
- Year-to-date actual results and cashflow budget for the remainder of the current financial year.**
- Monthly Cash Flows Projections (i.e. budget) for the next financial year**
  - A template is available on the RIC website.
  - If you are forecasting a 'significant financial impact' over a 2 year period, please include a budget for the applicable period.
- Australian Taxation Office (ATO) Integrated Client Account Statement**
  - Copy of the Integrated Client Account Statement (previous 12 months) for all entities and individuals associated with the application.
- Copy of eligible area map showing the location of your farm business.**
- Drought Management Plan (refer to template on page 2)**
- Evidence to support your eligibility, including being 'in financial need'**
- Certified copies of appropriate identification documents**
- Trust Deed for all Trusts involved in business structure**
- Evidence of Australian citizenship / permanent residency of at least one member of the farm business**
- Rate Notices for all properties owned**

### PRELIMINARY ELIGIBILITY CRITERIA

1. Does your farm business undertake all primary production aspects of the business wholly within Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your farm business under external administration or bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has at least one member of your farm business owned and operated this farm business for at least the past three (3) consecutive years? (If not see 'Recent Entrants' below).	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is at least one member of your farm business a farmer who, under normal circumstances, contributes at least 75 per cent of their labour and derives at least 50 per cent of their income from the farm business? (If not see 'Recent Entrants' below).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is at least one member of your farm business an Australian citizen or a permanent resident? (Evidence of citizenship / permanent residency of at least one member must be provided when you submit your application).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have the ongoing support of your current lender(s)? Have your credit facilities been in arrears in the past 12 months? Has your primary financier issued you with a notice of credit default in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Recent Entrants (only required if you answered NO to 3. or 4. above)</b> Please answer the following questions if you answered No to either, or both 3. or 4. (Information on eligibility criteria for Recent Entrants is in section 4.6 of the program guidelines)	
7. If you answered NO to question 3 above, does at least one member of the farm business have at least three (3) years of relevant on-farm experience? Please outline your experience.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. If you answered NO to question 4 above, is at least one member of the farm business a farmer who has the farm business as their principal business pursuit? <i>Note: To meet this criterion, at least one member must contribute at least 50 per cent of their labour and derive at least 50 per cent of their income from the farm business, and must be seeking to move to the 75 per cent labour threshold over the short to medium term (as per 4 above).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Note: You may be required to provide evidence to support your eligibility against these criteria.



## DROUGHT MANAGEMENT PLAN continued

### Drought Management

You must provide a description of the practices your farm business undertakes to manage through drought conditions. Please list the steps you have undertaken and where possible, provide evidence confirming completion of these activities. Activities may include financial management, grazing land management, livestock management or activities to manage water supply and crops.

### Drought Recovery

You must provide a description of the activities your farm business is currently undertaking, or is likely to undertake, to recover from drought when conditions improve. If you plan on carrying out planting and restocking activities, you will need to provide supporting evidence that seasonal conditions allow planting and/or restocking activities to commence

## ELIGIBILITY CRITERIA - FINANCIAL NEED

### FINANCIAL NEED

You must provide evidence that your farm business is in financial need, including:

1. The event causing your farm business to be in financial need. This can include cumulative events, where relevant.
2. The 'significant financial impact' to your business. This impact must be over a two (2) year period.

### Cause of financial need (must be outside the control of the farm business)

Please provide a description of the event or events that have caused/will cause a significant financial impact to your farm business. Events must be substantially outside the control of the farm business and should have occurred within the last five (5) years.

Please list any documents provided with this application to support the above statements.

**SIGNIFICANT FINANCIAL IMPACT**

Please choose either 'option 1' or 'option 2' and describe:

- Generally, what the financial impact has been/will be on your farm business.
- How long your farm business has been/will be financially impacted. Include whether the financial impact has already happened, when it started/will start, and how long you expect it will last. If you are forecasting a financial downturn, please attach your farm business budget to this application.

**Option 1: Timeframe for financial impact (drought)**

If you have been impacted by drought, you will need to provide evidence of a significant financial impact over a two (2) year period, which can include the forthcoming season.

**Option 2: Timeframe for financial impact (events other than drought)**

If you have been impacted by an event other than drought, you will need to demonstrate that the event has, or will, result in a significant financial impact over a two (2) year period. Where relevant (for example, following a natural disaster), you may forecast a significant financial impact over the coming two (2) years. The significant financial impact may be partly historical and partly forecast (e.g. the past twelve (12) months and the coming twelve (12) months).

# INSTRUCTIONS FOR COMPLETING THE LOAN APPLICATION FORM

What type of organisation is this application for?	Please complete the following sections and follow all instructions closely.	Staff to complete:
Company	Sections A, C, E, F, G, H, I, J, K, L and N	Sections F (ID Verification)
Partnership	Sections A, B, E, F, G, H, I, J, K, L, N and C and/or D if the partnership involves a company or trust	Sections F (ID Verification)
Sole Trader	Sections A, E, F, G, H, I, J, K, L and N	Sections F (ID Verification)
Trust	Sections A, D, E, F, G, H, I, J, K, L, N and C if any Trustee is an organisation	Sections F (ID Verification)

**Section O must also be completed for any guarantors who are not part of the borrowing entity.**

**Please complete this form in BLOCK LETTERS using black ink.**

**Please note that all fields in each section are mandatory unless specified otherwise.**

**RIC needs to identify the shareholder/ownership structure and the beneficial owner of an account. The beneficial owner is a person who owns or controls 25% or more of the customer, exercises 25% or more of the voting rights, 25% or more of the property on dissolution/wind-up or otherwise exercises effective control (eg: CEO, Company Directors, Trustees, Settlers, Partners, Guarantor, Sole trader, non-active participant)**

**The identity of the following individuals needs to be verified:**

- Authorised Signatories for any organisation;
- Partners in a Partnership;
- Beneficial Owner for Companies;
- Sole Traders; and
- Individual Trustees to a Trust.

## APPLICANT IDENTIFICATION

**You are to provide your identification documents by:**

- Attaching certified copies of the appropriate identification documents to your Application Form in one of the below combinations (see Verifying your identity\*)

**A certified copy means a document that has been certified as a true copy of an original document by an Acceptable Referee as listed below:-**

- Justice of Peace;
- A Police Officer;
- A permanent employee of the Australian Postal Corporation with 2 or more years continuous service who is employed in an office supplying postal services to the public; or
- A member of the institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership;
- Any other individual before whom a statutory declaration may be made (see Schedule 2 of the Statutory Declarations Regulations 1993 (Cth)).

## VERIFYING YOUR IDENTITY

**The acceptable identification must contain the individuals full name and either residential address or date of birth. The acceptable identification documents comprise:**

- One **primary photographic identification** document; or
- One **primary non-photographic identification** document; and
- One **secondary identification** document

Note: Special provisions may also be applied to Minors and Aboriginal Persons or Torres Strait Islanders.

<b>PRIMARY PHOTOGRAPHIC:</b> Must contain individual's name and either residential address (not PO Box) or date of birth.	<b>OR PRIMARY NON-PHOTOGRAPHIC:</b> Must contain individual's name and either residential address (not PO Box) or date of birth.
<ul style="list-style-type: none"> <li>• Australian or Foreign Passport (current or expired Australian Passport within the preceding 2 years), with English translation by an accredited translator (if not in English)</li> <li>• Australian Driver's or Truck Licence – Current, Full, Interim, Provisional or Learners acceptable</li> <li>• Proof of Age Card (issued by an Australian State or Territory)</li> <li>• Foreign National Identity Card, with English translation by an accredited translator (if not in English).</li> </ul>	<ul style="list-style-type: none"> <li>• Birth Certificate (Australian) or Foreign Birth Certificate with English translation by an accredited translator (if not in English)</li> <li>• Birth Extract issued by an Australian State or Territory</li> <li>• Citizenship Certificate – Australian or Foreign with English translation by an accredited translator (if not in English)</li> <li>• Pension or Government Health Card (reference number required) issued by Centrelink or the Department of Veterans Affairs.</li> </ul>
<b>AND SECONDARY:</b> Must contain individual's name and residential address (not PO Box).	<b>SPECIAL PROVISIONS</b>
<ul style="list-style-type: none"> <li>• Notice issued by a Commonwealth, State or Territory Department. Notice of Financial Benefit issued within the preceding 12 months (e.g. Centrelink Statement)</li> <li>• Notice issued by the Australian Tax Office of debt or assessment issued within the preceding 12 months</li> <li>• Notice less than 3 months old issued by a Local Government Body or Utilities Provider that notes the provision of services to the address of that person (e.g. Council rates, Water Rates, Electricity Bill, Gas Bill and Telephone Landline Bill)</li> </ul>	<ul style="list-style-type: none"> <li>• Aboriginal + Torres Strait Islander Residents: Statement from 2 persons who are recognised as Community Leaders (including elected members of an Aboriginal Council of the Community to which the individual belongs). Must contain individual's name and either date of birth or residential address (not PO Box).</li> </ul>

**The following organisations must provide originals or certified copies of the supporting documentation as stated below:**

### **PARTNERSHIP (one document from the list below)**

- a partnership agreement;
- the partnership tax return; and
- the minutes of meeting of the partnership.

### **TRUST**

- a full trust deed and any amending supplementary deed (executed and dated).
- the full name of the settlor of the trust (only if the asset contribution at establishment is \$10,000 or more).

If you have any questions on completing this form, please phone our Customer Service Centre on 1800 875 675 during normal business hours.

## A ACCOUNT DETAILS

FULL NAME OF THE ORGANISATION

FULL NAME OF THE TRUST

ACN/ABN/ARBN

PRIMARY BUSINESS ACTIVITIES AND ANZSIC CODE

REGISTERED BUSINESS NAME (if any)

DATE BUSINESS NAME REGISTERED (if any)

REGISTERED BUSINESS NUMBER (if any)

PRINCIPAL PLACE OF BUSINESS (PO Box not acceptable)

STATE

POSTCODE

POSTAL ADDRESS (if different from principal place of business)

STATE

POSTCODE

**MAIN CONTACT NAME**

TITLE GIVEN NAME(S)

SURNAME

PHONE NUMBER

FAX (if any)

EMAIL ADDRESS (if any)

## B PARTNERSHIP DETAILS

PLACE (State, Territory or Country) ESTABLISHED

PARTNERSHIP NAME (if applicable)

## C COMPANY DETAILS

PROPRIETARY COMPANY

REGISTERED OFFICE ADDRESS (if any)

STATE

POSTCODE

ACN/ABN/ARBN (if different from section A)

Please complete the following for all Australian and Foreign Proprietary companies.

Please list each Director and Beneficial Owner (owns 25% or more), and tick the appropriate boxes.

### DIRECTOR AND/OR BENEFICIAL OWNER 1

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR  BENEFICIAL OWNER  AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

### DIRECTOR AND/OR BENEFICIAL OWNER 2

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR  BENEFICIAL OWNER  AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

### DIRECTOR AND/OR BENEFICIAL OWNER 3

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR  BENEFICIAL OWNER  AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

### DIRECTOR AND/OR BENEFICIAL OWNER 4

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR  BENEFICIAL OWNER  AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

Please complete section F for any person(s) listed above as a Beneficial Owner and/or Authorised Signatory.

Please complete the following for all Australian companies.

Please state the name of the Company Secretary and tick the appropriate box, if applicable:

TITLE GIVEN NAME(S)

SURNAME

AUTHORISED SIGNATORY

## D TRUST DETAILS

ABN

TYPE OF TRUST (Formal Trust, Trust by Solicitor, Super fund)

PLACE (State, Territory or Country) ESTABLISHED DATE ESTABLISHED

SETTLOR OF THE TRUST Did the settlor of the trust contribute \$10,000 or more at establishment? If yes please complete full name.

Please complete section F for the Trust and list the name and address of each Trustee to the Trust below.

### TRUSTEE 1

TITLE GIVEN NAME(S)

SURNAME

(or) FULL NAME OF THE ORGANISATION

RESIDENTIAL OR PRINCIPAL PLACE OF BUSINESS  
ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

### TRUSTEE 2

TITLE GIVEN NAME(S)

SURNAME

(or) FULL NAME OF THE ORGANISATION

RESIDENTIAL OR PRINCIPAL PLACE OF BUSINESS  
ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

### TRUSTEE 3

TITLE GIVEN NAME(S)

SURNAME

(or) FULL NAME OF THE ORGANISATION

RESIDENTIAL OR PRINCIPAL PLACE OF BUSINESS  
ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

### TRUSTEE 4

TITLE GIVEN NAME(S)

SURNAME

(or) FULL NAME OF THE ORGANISATION

RESIDENTIAL OR PRINCIPAL PLACE OF BUSINESS  
ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

Please complete section F for each Authorised Signatory and at least one individual, if any one of the trustees is an individual.  
Please complete section C for at least a company, if any one of the trustees is a company.

Please list each beneficiary or if the terms of the Trust identify the beneficiaries by reference to membership of a class, details of the class.

BENEFICIARY 1/DETAILS OF THE CLASS

BENEFICIARY 2/DETAILS OF THE CLASS

BENEFICIARY 3/DETAILS OF THE CLASS

BENEFICIARY 4/DETAILS OF THE CLASS

If more space is required, please complete and attach the corresponding page only from another Loan Application Form.



# **E** PROFESSIONAL CONTACTS

## **BANK/ FINANCIER 1**

CONTACT NAME

PHONE

FAX

EMAIL

Do you consent to the RIC approaching this contact to verify information provided?  Yes  No

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## **BANK/ FINANCIER 2**

CONTACT NAME

PHONE

FAX

EMAIL

Do you consent to the RIC approaching this contact to verify information provided?  Yes  No

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## **SOLICITOR**

CONTACT NAME

PHONE

FAX

EMAIL

Do you consent to the RIC approaching this contact to verify information provided?  Yes  No

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## **ACCOUNTANT**

CONTACT NAME

PHONE

FAX

EMAIL

Do you consent to the RIC approaching this contact to verify information provided?  Yes  No

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## **ADVISOR/CONSULTANT**

CONTACT NAME

PHONE

FAX

EMAIL

Do you consent to the RIC approaching this contact to verify information provided?  Yes  No

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# F INDIVIDUALS ASSOCIATED WITH THIS ACCOUNT

## ASSOCIATED INDIVIDUAL 1 (Please tick all that apply)

- BENEFICIAL OWNER  
 PARTNER  
 SOLE TRADER  
 TRUSTEE TO A TRUST  
 AUTHORISED SIGNATORY  
 DIRECTOR  
 GUARANTOR  
 OTHER

### REQUIRED FOR ALL

TITLE GIVEN NAME(S)

SURNAME

OTHER KNOWN NAME (if any) DATE OF BIRTH

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE POSTCODE

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE POSTCODE

CONTACT NUMBER

OCCUPATION

### REQUIRED FOR A

**PARTNERSHIP PARTNER 1**  
 SHARE  %

## ASSOCIATED INDIVIDUAL 2 (Please tick all that apply)

- BENEFICIAL OWNER  
 PARTNER  
 SOLE TRADER  
 TRUSTEE TO A TRUST  
 AUTHORISED SIGNATORY  
 DIRECTOR  
 GUARANTOR  
 OTHER

### REQUIRED FOR ALL

TITLE GIVEN NAME(S)

SURNAME

OTHER KNOWN NAME (if any) DATE OF BIRTH

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE POSTCODE

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE POSTCODE

CONTACT NUMBER

OCCUPATION

### REQUIRED FOR A

**PARTNERSHIP PARTNER 2**  
 SHARE  %

## STAFF USE ONLY – ID Verification for Authorised Signatories, Partners, Sole Traders, Trustees to a Trust and Others.

### ASSOCIATED INDIVIDUAL 1

#### Existing Customer Only

CUSTOMER NUMBER (and/or) ACCOUNT NUMBER

### ASSOCIATED INDIVIDUAL 2

#### Existing Customer Only

CUSTOMER NUMBER (and/or) ACCOUNT NUMBER

### NEW CUSTOMER ONLY

#### DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE

#### DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE

### NEW CUSTOMER ONLY

#### DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE

#### DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE

# F INDIVIDUALS ASSOCIATED WITH THIS ACCOUNT continued

## ASSOCIATED INDIVIDUAL 3 (Please tick all that apply)

- BENEFICIAL OWNER       AUTHORISED SIGNATORY  
 PARTNER                       DIRECTOR  
 SOLE TRADER                 GUARANTOR  
 TRUSTEE TO A TRUST       OTHER

### REQUIRED FOR ALL

TITLE      GIVEN NAME(S)  
     

SURNAME

OTHER KNOWN NAME (if any)      DATE OF BIRTH  
     

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE                                      POSTCODE  
                                     

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE                                      POSTCODE  
                                     

CONTACT NUMBER

OCCUPATION

### REQUIRED FOR A

#### PARTNERSHIP PARTNER 3

SHARE      %

## ASSOCIATED INDIVIDUAL 4 (Please tick all that apply)

- BENEFICIAL OWNER       AUTHORISED SIGNATORY  
 PARTNER                       DIRECTOR  
 SOLE TRADER                 GUARANTOR  
 TRUSTEE TO A TRUST       OTHER

### REQUIRED FOR ALL

TITLE      GIVEN NAME(S)  
     

SURNAME

OTHER KNOWN NAME (if any)      DATE OF BIRTH  
     

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE                                      POSTCODE  
                                     

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE                                      POSTCODE  
                                     

CONTACT NUMBER

OCCUPATION

### REQUIRED FOR A

#### PARTNERSHIP PARTNER 4

SHARE      %

### STAFF USE ONLY – ID Verification for Authorised Signatories, Partners, Sole Traders, Trustees to a Trust and Others.

#### ASSOCIATED INDIVIDUAL 3

##### Existing Customer Only

CUSTOMER NUMBER      (and/or) ACCOUNT NUMBER  
     

#### ASSOCIATED INDIVIDUAL 4

##### Existing Customer Only

CUSTOMER NUMBER      (and/or) ACCOUNT NUMBER  
     

#### NEW CUSTOMER ONLY

##### DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER      PLACE OF ISSUE  
     

DATE OF ISSUE      EXPIRY DATE  
     

##### DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER      PLACE OF ISSUE  
     

DATE OF ISSUE      EXPIRY DATE  
     

#### NEW CUSTOMER ONLY

##### DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER      PLACE OF ISSUE  
     

DATE OF ISSUE      EXPIRY DATE  
     

##### DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER      PLACE OF ISSUE  
     

DATE OF ISSUE      EXPIRY DATE

## G PRODUCT DETAILS

I/we want to apply for a proposed loan amount of:

I/we want the interest to be charged:

Monthly
  Quarterly
  Six Monthly
  Annually

LOAN PURPOSE ITEM (e.g. purchase stock)

DESCRIPTION	\$ VALUE

## H FINANCIAL INFORMATION

- Financial information from the borrowing entity and any related party i.e. director, guarantor, partner.
- If the applicant is a partnership borrowing in its own right, list the assets owned by the partnership and each partner.

### ASSETS

PROPERTY

LOCATION	REGISTERED OWNERS(S)	TITLE DETAILS	MORTGAGEE	AREA (HA)	TO BE PROVIDED AS SECURITY (Y/N)	\$ VALUE
<b>TOTAL VALUE</b>						<b>\$</b>

# H FINANCIAL INFORMATION continued

COMMODITIES (e.g. wool, grain)

DESCRIPTION	MORTGAGEE DETAILS	\$ VALUE
<b>TOTAL VALUE</b>		<b>\$</b>

PLANT AND EQUIPMENT

DESCRIPTION	TO BE PROVIDED AS SECURITY (Y/N)	\$ VALUE
<b>TOTAL VALUE</b>		<b>\$</b>

INVESTMENTS (e.g. shares, term deposits)

DESCRIPTION	INSTITUTION	INTEREST RATE	MORTGAGEE DETAILS (EG. MARGIN LOANS)	MATURITY DATE	TO BE PROVIDED AS SECURITY (Y/N)	\$ VALUE
<b>TOTAL VALUE</b>						<b>\$</b>

# H FINANCIAL INFORMATION continued

## WATER DETAILS

WATER BOARD	LICENCE TYPE	LICENCE/CERTIFICATE NO.	ALLOCATION TYPE	ALLOCATION (MGL)	TO BE PROVIDED AS SECURITY (Y/N)	\$ VALUE
<b>TOTAL VALUE</b>						<b>\$</b>

## LIVESTOCK DETAILS (e.g. sheep, cattle)

TYPE	BREED	OWNER	DESCRIPTION	AGE	BRAND/ EARMARK DETAILS	SHEAR	LAMBS/ CALVES	NO.	\$/HEAD	TO BE PROVIDED AS SECURITY (Y/N)	\$ VALUE
<b>TOTAL VALUE</b>											<b>\$</b>

## OTHER ASSETS (e.g. rented properties, holiday homes)

DESCRIPTION	DETAILS OF ANY LOANS AGAINST THIS ASSET	TO BE PROVIDED AS SECURITY (Y/N)	\$ VALUE
<b>TOTAL VALUE</b>			<b>\$</b>

# H FINANCIAL INFORMATION continued

## LIABILITIES

LOAN/BORROWINGS (e.g. mortgages, term loans, cheque accounts, leasing, hire purchase, credit/store cards)

LENDING INSTITUTION	BORROWER	LOAN TYPE	PURPOSE/ASSET CHARGED	EXPIRY DATE	INTEREST RATE	\$ ANNUAL REPAYMENT	\$ AMOUNT OWING
<b>TOTAL VALUE</b>							<b>\$</b>

CREDITORS (e.g. trade, creditors, deferred fertiliser payment)

CREDITOR'S NAME	PURPOSE	TERMS	\$ AMOUNT OWING
<b>TOTAL VALUE</b>			<b>\$</b>

CONTINGENT LIABILITIES (e.g. Bank guarantee, export guarantee)

BORROWER'S NAME	\$ ORIGINAL LOAN	INSTITUTION	ASSET SECURED	\$ ASSET VALUE	DUE DATE	\$ REPAYMENT	\$ AMOUNT OWING
<b>TOTAL VALUE</b>							<b>\$</b>

# H FINANCIAL INFORMATION continued

## CURRENT STOCK DETAILS

LIVESTOCK - CURRENT NUMBERS & CARRYING CAPACITY	BEEF/DAIRY		SHEEP		PIGS		OTHER LIVESTOCK		
	HERD BREED:		HERD BREED:			CURRENT	TARGET	HERD BREED:	
	COWS		EWES		SOWS				
	HEIFERS		WETHERS		GILTS				
	STEERS		HOGGETS		BOARS				
	CALVES		LAMBS		GROWERS				
	BULLS		RAMS		LICENSED FOR:	SPU'S			
	CURRENT TOTAL		CURRENT TOTAL		NO. LITTERS/ SOW/YEAR			CURRENT TOTAL	
	CARRYING CAPACITY		CARRYING CAPACITY		AV NO. LIVE PIGLETS/LITTER			CARRYING CAPACITY	
	BREEDERS		EWES		AV AGE @ SALE		WEEKS		
	MILKERS		TOTAL SHEEP (DSE)		AV WEIGHT @ SALE		KGS		
	TOTAL BEEF (AE)								
CALVING (%)		LAMBING (%)		FARROWING (%)					

## PRODUCTION INFORMATION

Please ensure the following sales and purchase amounts correspond to your financial statements or cash book figures.

SALES	PRODUCTION DETAILS	LAST FINANCIAL YEAR (20_ _ ACTUALS)		THIS FINANCIAL YEAR ACTUALS/ ESTIMATES		NEXT FINANCIAL YEAR ESTIMATES		YEAR IN - YEAR OUT ESTIMATES	
	LIVESTOCK SOLD (E.G. WETHERS, STEERS, PORKERS)	NUMBER	TOTAL (\$)	NUMBER	TOTAL (\$)	NUMBER	TOTAL (\$)	NUMBER	TOTAL (\$)



# H FINANCIAL INFORMATION continued

PURCHASES	NUMBER		TOTAL (\$)		NUMBER		TOTAL (\$)		NUMBER		TOTAL (\$)			
DAIRY	AVERAGE NO. OF MILKERS IN DAILY PRODUCTION		HEAD		HEAD		HEAD		HEAD		HEAD			
	TOTAL MILK SOLIDS PRODUCED		MS/ANNUM		MS/ANNUM		MS/ANNUM		MS/ANNUM		MS/ANNUM			
	GROSS MILK PROCEEDS		\$		\$		\$		\$		\$			
CROP INFORMATION	CROP TYPES		AREA (HA)	TOTAL YIELD	TOTAL (\$)	AREA (HA)	TOTAL YIELD	TOTAL (\$)	AREA (HA)	TOTAL YIELD	TOTAL (\$)	AREA (HA)	TOTAL YIELD	TOTAL (\$)
WOOL	MONTHS WOOL SOLD													
	NUMBER SHORN													
	TOTAL KGS													
	YIELD %													
	MICRON													
	TOTAL \$													
OTHER	PRODUCT		QUANTITY	TOTAL (\$)	QUANTITY	TOTAL (\$)	QUANTITY	TOTAL (\$)	QUANTITY	TOTAL (\$)	QUANTITY	TOTAL (\$)		

# PRIMARY PROPERTY DETAILS

Please provide details of all properties owned or leased (copy and attach separate pages for each property if necessary).

PROPERTY NAME

REGISTERED OWNERS

Owned

YEAR PURCHASED

CURRENT MARKET VALUE

TITLE REF NO OR LEASE NO

COUNTY

PARISH

Leased

LEASE PAYMENT (PA)

EXPIRY

AREA (HA)

LOT/PLAN NO

OPTIONS

PROPERTY ADDRESS

This property is  kms in a  direction from the town of  in the Local Government area of  City/Shire/Regional Council.

SOIL TYPES:

WATER LICENCE NO.

EXPIRY DATE

TYPE OF STANDING TIMBER:

WATER ALLOCATION NO. (WATER ACT 2000)

NO. OF ALLOCATED MEGALITRES

DRYLAND CULTIVATION (HA)

IRRIGATED CULTIVATION (HA)

IMPROVED GRAZING (HA)

HAS ALLOCATION BEEN ASSIGNED?

NO

YES - Detail to whom

OPEN DOWNS (HA)

UNIMPROVED GRAZING (HA)

UNIMPROVED / TIMBERED (HA)

UNREGULATED SOURCE OR STORAGE DETAILS & MEGALITRES

OTHER (DETAIL) (HA)

TOTAL AREA (HA)

IRRIGATION POTENTIAL (HA)

DAIRY LICENCE NO.

DAIRY PROCESSOR

SUGAR FARM NO.

SUGAR MILL SUPPLIED

Please provide details of any agreements in place for agisted or sharefarmed properties:

Other relevant property details:

## J SECURITY DETAILS

TYPE OF SECURITY	REGISTERED OWNERS(S)	DESCRIPTION (INCLUDING TITLE DETAILS FOR LAND)	PRIOR MORTGAGEE(S)	\$ VALUE
<b>TOTAL SECURITY VALUE</b>				<b>\$</b>

If any of the security offered above is owned by someone other than the customer, the owner of that property must grant a guarantee and indemnity in favour of the RIC and must also complete and return to the RIC a guarantor's Asset and Liability Statement (copy will be provided).

## K GOVERNMENT CHARGES AND TAXATION LIABILITIES

list any outstanding Government Charges or Taxation Liabilities which may include but are not limited to:

- Employee Superannuation Contributions
- FBT
- Employee Entitlements (LSL Annual Leave)
- Work Cover Premiums
- Local Government Authority Rates
- Utility Provider Charges
- PAYG Withholding (Group Tax)
- PAYG Instalments
- Goods & Services Tax (GST)

GOVERNMENT CHARGE / TAXATION TYPE	NAME OF ENTITY OWING GOVERNMENT CHARGES / TAXATION	\$ TOTAL AMOUNT OUTSTANDING	\$ ARREARS AMOUNT	INCLUDED IN CASHFLOW BUDGET
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

NOTE: A copy of the integrated Client Account Statement for the borrower/s is to be supplied to the RIC as confirmation of self-assessed amounts.

# **L BUSINESS PURPOSE DECLARATION**

I/We declare that the credit to be provided to me/us by the credit provider is wholly or predominantly for:

- business purposes; or
- investment purposes other than investment in residential property.

### **IMPORTANT**

You should **only** sign this declaration if this loan is wholly or predominantly for:

- business purposes; or
- investment purposes other than investment in residential property.

By signing this declaration you may **lose** your protection under the National Credit Code.

#### **SIGNATURE 1**

DATE

FULL NAME

#### **SIGNATURE 2**

DATE

FULL NAME

#### **SIGNATURE 3**

DATE

FULL NAME

#### **SIGNATURE 4**

DATE

FULL NAME

**1. Collection of your personal information and credit-related personal information**

We, Regional Investment Corporation, collect your personal information and credit-related personal information to assess your application, to provide you with the product or service that you have requested and to assess any future applications for products or services you may make to us or our related entities. If you are a guarantor we collect your personal information and credit-related personal information to assess whether to accept you as a guarantor for credit applied for, or provided to, the borrower. Collection of some of this information is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. If you provide incomplete or incorrect information we may be unable to provide you with the product or service you are applying for.

**2. Collection of personal information and credit-related personal information about third parties**

We may need to collect personal information and credit-related personal information about a third party from you as part of this application. If you have provided us with information about another individual, you must let them know that:

- a. We have collected their personal information to assess your application and manage any credit provided to you
- b. We may exchange this information with any parties set out in this document and our privacy policy
- c. We handle their personal information in the way set out in our privacy policy and that they can obtain a copy of this by emailing us at [ric@agriculture.gov.au](mailto:ric@agriculture.gov.au) or telephoning 1800 875 675.

You agree to advise us at the time we collect information relating to third parties, if you are for some reason unable to advise the third party that their information has been collected and it is therefore necessary for Regional Investment Corporation to directly notify the third party of this collection.

**3. Use and disclosure of your personal information and credit-related personal information**

We may use your personal information and credit-related personal information to perform our business functions (for example internal audit, operational risk, product development and planning). We may also use your personal information to confirm your details (for example contacting your employer to confirm your employment and income details).

We treat your personal information and credit-related personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your personal information to organisations to whom we outsource functions such as mailing and printing houses, IT providers, our agents and specialist advisers such as accountants and solicitors. Other disclosures usually include joint account holders, account operators and account applicants, Credit Reporting Bodies (as defined below), insurers, intermediaries, valuers, debt collection agencies and government authorities. Your information may also be disclosed to our related entities, sales agents and service providers we engage to carry out function on our behalf where (in each case) its confidentiality is maintained at all times.

**4. Access to and correction of your personal information and credit-related personal information**

In most cases you can gain access to and seek correction of your personal information and credit-related personal information. Should you wish to do so, or if you have any queries about your information, please call our Customer Service Centre on 1800 875 675.

**5. Collection, use and disclosure of your credit-related personal information**

By signing this application you agree that we can do all of the following:

**a. Commercial credit-related personal information**

Seek and use commercial credit-related personal information to assess an application for consumer credit or commercial credit.

**b. Consumer credit-related personal information**

Seek and use consumer credit-related personal information to assess an application for consumer credit or commercial credit.

**c. Collection of overdue payments**

Seek and use a credit report provided by a credit reporting body to collect overdue payments.

**d. Exchange of information between credit providers**

We may exchange your personal information and credit-related information with other credit reporting providers for the purposes of assessing your creditworthiness, credit standing and credit history or credit capacity, as well as assisting you to avoid defaulting on your credit obligations. We may also notify other credit providers of a default made by you.

**e. Exchange of information with intermediaries**

Seek from and use any consumer or commercial credit-related information from or disclose that information to, any introducer, financial adviser, accountant, mortgage manager, lawyer, or other intermediary (including any intermediary mentioned on the front page of this application form) acting in connection with any credit applied for or provided.

**f. Provide credit information to credit reporting bodies**

In this privacy disclosure statement, the "Credit Reporting Body" as at the date of this statement means each of the following organisations (whether acting individually or together), the identities of which may change over time:

**Equifax Pty Ltd - [www.equifax.com.au](http://www.equifax.com.au)**

The policies for these CRBs can be found by accessing their websites. These privacy policies and credit reporting policies contain information about how you may access or seek correction of your personal information and credit-related information, how that information is managed, how you may complain about a breach of your privacy, and how that complaint will be dealt with. They also contain information on 'notifiable matters', including things such as the information we use to assess your creditworthiness, the fact that CRBs may provide your personal information and credit-related information to credit providers to assist in an assessment of your credit worthiness, what happens if you fail to meet your credit obligations or commit a serious credit infringement (including our right to report a default or a serious credit infringement to CRBs), your right to request that CRBs not use your credit-related information for the purposes of pre-screening credit offers, and your right to request a CRB not to use or disclose credit-related information about you if you believe you are a victim of fraud.

**g. Provide information to guarantors**

Disclose any information to any person who proposes to guarantee or has guaranteed repayment of any credit provided.

**6. Privacy Policy**

You should also read our Privacy Policy.

Our Privacy Policy is an important document containing information about:

- a. how you can access and seek correction of your personal information;
- b. how you can complain about a breach of the privacy laws by us and how we will deal with your complaint;
- c. if we will disclose personal information to overseas entities, and where practicable, which countries those recipients are located in.

Our Privacy Policy is available by emailing us at [ric@agriculture.gov.au](mailto:ric@agriculture.gov.au) or telephoning 1800 875 675.

# N DECLARATION AND EXECUTION

As an applicant and/or authorised signatory,

1. I/we declare that the information provided in this application is true and complete and RIC will use it to determine whether or not to establish a credit facility.
2. I/we understand that this application does not constitute an offer of credit or approval of this application by RIC.
3. I/we confirm that I/we have read and agree to the Privacy Disclosure in this application.
4. I/we confirm that I/we have read and acknowledged the eligibility criteria for this credit facility and reasonably believe that I/we are eligible for this credit facility.
5. I/we understand that unless otherwise indicated in this application any one account signatory (where there is more than one) can operate the account without the others' permission and that I am/we are responsible for transactions conducted accordingly.
6. I/We confirm that all charges, rates and taxes have been correctly calculated and are paid up to date and there are no outstanding Government Charges or Taxation Liabilities other than those disclosed in this application.

Warning: It is an offence under Part 12 of the Anti-Money Laundering and Counter-Terrorism Act 2006 to provide false or misleading information, provide a false or misleading document or forge a document for use in an applicant identification procedure.

**SIGNING AUTHORITY (please tick one box only)**

Any  one or  two of the applicants or authorised signatories (if any) can operate this account.

The signature will become your specimen signature and may be applied to all accounts for which you are an authorised signatory.

**EXECUTION – IF INDIVIDUAL OR PARTNERSHIP**

**APPLICANT/AUTHORISED SIGNATORY 1**

SIGNATURE

DATE

FULL NAME

**APPLICANT/AUTHORISED SIGNATORY 2**

SIGNATURE

DATE

FULL NAME

**APPLICANT/AUTHORISED SIGNATORY 3**

SIGNATURE

DATE

FULL NAME

**APPLICANT/AUTHORISED SIGNATORY 4**

SIGNATURE

DATE

FULL NAME

**EXECUTED FOR COMPANY OR COMPANY ATF**

in accordance with the section 127(1) of the Corporations Act by:

SIGNATURE

DATE

FULL NAME

SIGNATURE

DATE

FULL NAME

And if only one person has signed, that person states that he/she signed as sole director and sole company secretary of the company.

# GUARANTOR DECLARATION AND EXECUTION

As a guarantor,

1. I/we declare that the information provided in this application is true and complete and RIC will use it to determine whether or not to establish a credit facility.
2. I/we understand that this application does not constitute an offer of credit or approval of this application by RIC.
3. I/we confirm that I/we have read and agree to the Privacy Disclosure.

Warning: It is an offence under Part 12 of the Anti-Money Laundering and Counter-Terrorism Act 2006 to provide false or misleading information, provide a false or misleading document or forge a document for use in an applicant identification procedure.

## EXECUTION – IF INDIVIDUAL OR PARTNERSHIP

### GUARANTOR 1

SIGNATURE

DATE

FULL NAME

### GUARANTOR 2

SIGNATURE

DATE

FULL NAME

### GUARANTOR 3

SIGNATURE

DATE

FULL NAME

### GUARANTOR 4

SIGNATURE

DATE

FULL NAME

## EXECUTED FOR COMPANY OR COMPANY ATF

in accordance with the section 127(1) of the Corporations Act by:

SIGNATURE

DATE

FULL NAME

SIGNATURE

DATE

FULL NAME

And if only one person has signed, that person states that he/she signed as sole director and sole company secretary of the company.