

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 Flow Projections (i.e. budget) including figures for the next financial year plus expected figures for a normal year (i.e. Year-In-Year-Out)**
 - 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**
- Past twelve (12) months' Bank Statements of all loans being refinanced**
- Past twelve (12) months' transactional account Bank Statements of the borrower and guarantors**

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 question 7 under 'Recent Entrants').	<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 question 8 'Recent Entrants').	<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
Recent Entrants	
Please only 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, does at least one member of the farm business have at least three (3) years of relevant on-farm experience? Please outline the relevant experience.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. If you answered NO to question 4, 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 question 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.

ELIGIBILITY CRITERIA - ELIGIBLE AREA

Please attach a printout copy of the eligible area map that clearly shows the location of your entire farm business. If you have more than one property, please include a printout copy for each property.

Your farm business must be located in an eligible area. You can access this map via our website, and enter your farm business's address or GPS coordinates following the instructions on our website to access a print out of the location of your farm business. We will use the address, GPS coordinates and/or land title number provided with this application to confirm your eligibility.

<p>1.1 Is your farm business located entirely in an eligible area? If you answered yes, please go to Eligibility Criteria - Drought Management Plan If you answered no, please go to question 1.2</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1.2 If your farm business is not entirely in an eligible area, then we will consider whether most of your farm business is located in an eligible area. We will also consider whether your farm business's principal place of business is within an eligible area or whether the majority of your farm business's work is undertaken in an eligible area.</p> <p>If you answered NO to question 1.1 please provide a statement in support of you meeting this criterion.</p>	
<p></p>	

Please contact us if you need assistance answering these questions.

ELIGIBILITY CRITERIA - DROUGHT MANAGEMENT PLAN

Please attach a copy of your farm business's drought management plan or complete this drought management plan. A template is also available on the RIC website.

Your drought management plan must include the specific activities that you propose will be funded by the loan, as well as your drought preparedness, management and recovery strategies. If you are providing your own drought management plan, you must ensure that it covers:

- **Strategies to prepare for drought:** A description of the activities and practices your farm business undertakes to prepare for drought. This might include using forecasting tools to inform production decisions, reduction or agistment of stock, changing to a more water efficient crop type etc.
 - If you are applying for a loan for drought management or drought recovery activities, your drought management plan must demonstrate reasonable steps have been undertaken to prepare for the effects of drought.
 - If applying for a loan for drought preparedness activities, your drought management plan must demonstrate that reasonable steps will be undertaken to prepare for the effects of drought.
 - Your drought management plan must cover all elements (i.e. preparedness, management and recovery).
- **Strategies to manage drought:** A description of the practices your farm business undertakes to manage through drought conditions. This might include activities related to financial and farm business management, grazing land management, livestock management, cropping and water supply.
- **Strategies to recover from drought:** 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.

Note: In very limited circumstances, we will consider allowing loan funding for the purchase of additional farm land where it clearly supports the farm business to prepare for drought and achieve long-term viability. If you are proposing to purchase additional farm land, you will need to outline this in your drought management plan and include a business case supported by independent financial advice. Please attach additional information (e.g. business case and financial advice) to this application (where applicable).

Drought Preparedness

You must demonstrate that you have taken or will take reasonable steps to prepare your farm business for the effects of drought. Please list the steps you have undertaken and where possible, provide evidence confirming completion of these activities. Some examples are listed below:

- Any use of weather and seasonal climate forecasting products or tools to inform production decisions;
- Any proactive water management measures, such as increasing dam capacity, investment in water reticulation and groundwater;
- Water-efficient cropping techniques;
- Stock management strategies;
- Reduction or agistment of stock;
- Accumulation of feed reserves for stock or sale;
- Adoption of early weaning practices.

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

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

1. The event or events causing your farm business to be in financial need. Please also outline cumulative impacts, related matters or contributing factors where relevant.
2. The 'significant financial impact' to your farm business. This impact must be over a two (2) year period.

1. EVENT CAUSING 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 also outline any cumulative impacts.

ELIGIBILITY CRITERIA - FINANCIAL NEED continued

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

2. 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 M	Sections F (ID Verification)
Partnership	Sections A, B, E, F, G, H, I, J, K, L, M 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 M	Sections F (ID Verification)
Trust	Sections A, D, E, F, G, H, I, J, K, L, M and C if any Trustee is an organisation	Sections F (ID Verification)

Section N 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 (e.g. 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 Aboriginal Persons or Torres Strait Islanders.

PRIMARY PHOTOGRAPHIC: Must contain individual's name and either residential address (not PO Box) or date of birth.	OR PRIMARY NON-PHOTOGRAPHIC: Must contain individual's name and either residential address (not PO Box) or date of birth.
<ul style="list-style-type: none"> • 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) • Australian Driver's or Truck Licence – Current, Full, Interim, Provisional or Learners acceptable • Proof of Age Card (issued by an Australian State or Territory) • Foreign National Identity Card, with English translation by an accredited translator (if not in English). 	<ul style="list-style-type: none"> • Birth Certificate (Australian) or Foreign Birth Certificate with English translation by an accredited translator (if not in English) • Birth Extract issued by an Australian State or Territory • Citizenship Certificate – Australian or Foreign with English translation by an accredited translator (if not in English) • Pension or Government Health Card (reference number required) issued by Centrelink or the Department of Veterans Affairs.
AND SECONDARY: Must contain individual's name and residential address (not PO Box).	SPECIAL PROVISIONS
<ul style="list-style-type: none"> • Notice issued by a Commonwealth, State or Territory Department. Notice of Financial Benefit issued within the preceding 12 months (e.g. Centrelink Statement) • Notice issued by the Australian Tax Office of debt or assessment issued within the preceding 12 months • 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) 	<ul style="list-style-type: none"> • 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).

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 about 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 ACTIVITY

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 ESTABLISHED (State, Territory or Country)

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 ESTABLISHED (State, Territory or Country) 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

BANK/ FINANCIER 2

CONTACT NAME

PHONE

FAX

EMAIL

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

SOLICITOR

CONTACT NAME

PHONE

FAX

EMAIL

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

ACCOUNTANT

CONTACT NAME

PHONE

FAX

EMAIL

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

ADVISOR/CONSULTANT

CONTACT NAME

PHONE

FAX

EMAIL

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

RURAL FINANCIAL CONSELLOR

CONTACT NAME

PHONE

FAX

EMAIL

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

F INDIVIDUALS ASSOCIATED WITH THIS ACCOUNT

ASSOCIATED INDIVIDUAL 1 (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 NO. OF DEPENDENTS

OCCUPATION

REQUIRED FOR A PARTNERSHIP

PARTNER 1 SHARE
 %

ASSOCIATED INDIVIDUAL 2 (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 NO. OF DEPENDENTS

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 NO. OF DEPENDENTS

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 NO. OF DEPENDENTS

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

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)	\$ ESTIMATED MARKET VALUE
TOTAL VALUE						\$

H FINANCIAL INFORMATION continued

COMMODITIES (e.g. wool, grain)

DESCRIPTION	\$ VALUE
TOTAL VALUE	\$

PLANT AND EQUIPMENT

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

WATER DETAILS

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

H FINANCIAL INFORMATION continued

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
TOTAL VALUE											\$

INVESTMENTS (e.g. shares, term deposits)

DESCRIPTION	INSTITUTION	INTEREST RATE	MORTGAGEE DETAILS (EG. MARGIN LOANS)	MATURITY DATE	\$ VALUE
TOTAL VALUE					\$

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

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

If any of the security offered above is owned by someone other than the customer, the owner of that security 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).

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
TOTAL VALUE							\$

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

CREDITOR'S NAME	PURPOSE	TERMS	\$ AMOUNT OWING
TOTAL VALUE			\$

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

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

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 (\$)	QUANTITY	TOTAL (\$)

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

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 GOVERNMENT CHARGES AND TAXATION LIABILITIES

Please 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.

K 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, use, hold and disclose 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, assess whether to accept a guarantee from you, provide direct marketing, comply with laws, perform administrative tasks, and to manage our relationship with you. Collection of some of this information is required to comply with our obligations under Australian law, including 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:

- We have collected their personal information to assess your application and manage any credit provided to you
- We may exchange this information with any parties set out in this document and our Privacy Policy and credit reporting policy.
- We handle their personal information in the way set out in our Privacy Policy and Credit Reporting Policy available on our website.

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 our agents, contractors and external service providers engaged to assist us to perform our functions such as loan assessment and management providers, information technology support and our advisers such as accountants and lawyers. Other disclosures usually include joint account holders, account operators and account applicants, Credit Reporting Bodies (as defined at 5g), insurers, intermediaries, valuers, debt collection agencies and government entities and authorities.

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 contact us.

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:

- Commercial credit-related personal information**
We may exchange commercial credit-related personal information to assess an application for commercial credit and to manage that credit.
- Consumer credit-related personal information**
We may exchange consumer credit-related personal information to assess an application for commercial credit and manage that credit.

c. Collection of overdue payments

We may 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

We may 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 listed in Section E of this application form) acting in connection with any credit applied for or provided.

f. Exchange of identification information

We may disclose your name, date of birth and address to an organisation, including Credit Reporting Bodies, providing verification of your identity including online verification of your identity. The organisation will give us a report of whether that personal information matches personal and credit-related information held by the organisation. If we use these methods and are unable to verify your identity in this way we will let you know. We may use information about your Australian Passport, state or territory driver licence, Medicare card, citizenship certificate, birth certificate any other identification documents to match those details with the relevant registries using third party systems, and record the results of that matching.

g. Provide credit information to credit reporting bodies

In this privacy disclosure, 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

The privacy and credit reporting policies for these credit reporting bodies can be found by accessing their websites. These policies contain information about how your personal information and credit-related information is used and managed, including how you may complain about a breach of your privacy.

h. Provide information to guarantors

We may disclose any information to any person who proposes to guarantee or has guaranteed repayment of any credit provided.

i. Make other disclosures

We may exchange personal information and credit related information with any of the types of entities listed in our Privacy Policy and Credit Reporting Policy.

6. Privacy Policy and Credit Reporting Policy

You should also read our Privacy Policy and Credit Reporting Policy. These documents provide more details about how we collect, use, hold and disclose your personal information and credit information. These are available on our website, by calling 1800 875 675 or emailing info@ric.gov.au.

THIRD PARTY DECLARATION

Have you advised **all** third parties listed on this form about the provision of the third party's information?

- YES I have advised all third parties
 NO I have not advised the following third parties:

M 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.

N 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	GUARANTOR 2
SIGNATURE <input type="text"/>	SIGNATURE <input type="text"/>
DATE <input type="text"/>	DATE <input type="text"/>
FULL NAME <input type="text"/>	FULL NAME <input type="text"/>
GUARANTOR 3	GUARANTOR 4
SIGNATURE <input type="text"/>	SIGNATURE <input type="text"/>
DATE <input type="text"/>	DATE <input type="text"/>
FULL NAME <input type="text"/>	FULL NAME <input type="text"/>

EXECUTED FOR COMPANY OR COMPANY ATF	
<input type="text"/>	
in accordance with the section 127(1) of the Corporations Act by:	
SIGNATURE <input type="text"/>	SIGNATURE <input type="text"/>
DATE <input type="text"/>	DATE <input type="text"/>
FULL NAME <input type="text"/>	FULL NAME <input type="text"/>
And if only one person has signed, that person states that he/she signed as sole director and sole company secretary of the company.	

WHERE DID YOU HEAR ABOUT THE RIC?

<input type="checkbox"/> Rural financial counsellor	<input type="checkbox"/> My Financial advisor	Other (please specify) <input type="text"/>
<input type="checkbox"/> My accountant	<input type="checkbox"/> My local bank manager	

RIC004_061118

Regional Investment Corporation • ABN 99 528 049 038

Please send your completed application to us at:

loans@service.ric.gov.au | PO Box 796 Bendigo VIC 3552 | Fax 03 5448 2617