



TO: Cooper Grace Ward  
Level 21, 400 George Street, Brisbane 4000  
GPO Box 834, Brisbane 4001

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W www.cgw.com.au

**1. Applicant/Accountant details**

Firm name:					
Contact name:					
Telephone:		Fax:			
Email address:					
Postal address:					
Street address:					
Suburb/City:		State:		Postcode:	

**2. Name and ACN of company making the loan**

Name of company:	
ACN:	
Address for service	

**3. Full names of directors of company making the loan**

Director who will sign agreement on behalf of company:	
Other directors (if any):	

**4. Full names of borrower**

If a company borrowing (Div 7A does not apply to loans to other companies, unless as trustee):

Name of trust (if applicable):	
Director who will sign agreement on behalf of corporate borrower:	
Other directors (if any):	
Address for service:	

**5. Margin over benchmark rate (if any)**

(If no margin specified, the interest rate is the benchmark rate prescribed by the legislation)

Margin over benchmark rate (if any):	
Interest rate:	

**6. State of jurisdiction (if not Queensland)**

State of jurisdiction:	
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Dated the \_\_\_\_\_ day of \_\_\_\_\_ 2021 .

\_\_\_\_\_  
Signature of applicant

**7. OPTIONAL – Payment by credit card**

*If you would like to pay by credit card, please complete the section below. If you would prefer we disburse our costs to your next account, please leave this section blank.*

Card type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
Card number:		Expiry date (mm/yy):	/
Name of cardholder:		Amount:	
Signature of cardholder:	_____		
Date:	/ /	Contact phone no.:	