



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

T 61 7 3231 2402

E applications@cgw.com.au
W www.cgw.com.au

1. Applicant / Accountant details

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

How would you like the documents sent to you?

☐ Email PDF copy ☐ Hard copy

2. Name and ACN of company making the loan

Name:	
ACN:	

3. Full names of directors of company making the loan

Full names of all directors:	
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4. Full names of borrower

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

Name:	
ACN (if company):	
Full names of all directors (if company):	
Name of trust (if applicable):	

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:	

Dated the day of 20

Signature of applicant

6. 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.:	