



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 details

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

2. Loan option

Type of loan documents to be prepared:	<input type="checkbox"/> Documents for new loan <input type="checkbox"/> Variation to existing loan agreement <input type="checkbox"/> Variation to existing loan agreement and mortgage <input type="checkbox"/> New mortgage only
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3. Loan terms

Loan type	Safe harbour loan <input type="checkbox"/>	Loan supported by external evidence <input type="checkbox"/>
Total loan amount:	\$ _____	\$ _____
Existing loans – outstanding balance at 30 June 2015:	\$ _____	\$ _____
Interest rate:	Interest rate for real property will be the RBA indicator lending rate	_____ %
Variable or fixed interest rate:	The interest rate will be variable, although you can fix the interest rate for up to 5 years. If you would like to fix the interest rate please complete the following <input type="checkbox"/> Fixed for _____ years/months	The interest rate will be variable unless you complete the following specifying it will be fixed and for what period <input type="checkbox"/> Fixed for _____ years/months
Loan term:	_____ (max of 15 years in total)	_____
Repayment requirements:	Principal and interest (only)	<input type="checkbox"/> Principal and interest <input type="checkbox"/> Interest only
Repayment periods:	Monthly (only)	<input type="checkbox"/> Monthly <input type="checkbox"/> Other (please specify) _____
Does the loan need to comply with Division 7A:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Lender details

Name of lender:	
Full names of all directors (if company):	

5. Super fund details

Name of super fund:	
Name of trustee (including ACN if corporate trustee):	
Full names of all directors (if corporate trustee):	

6. LRBA trust details

Name of LRBA trust:	
Name of trustee (including ACN if corporate trustee):	
Full names of all directors (if corporate trustee):	

7. Details of LRBA asset

Address:	
Real property description (e.g. lot and plan number):	
Price or market value:	

8. Document to be supplied

Current SMSF trust deed	<input type="checkbox"/>
LRBA trust deed	<input type="checkbox"/>
Existing loan agreement and mortgage (if any)	<input type="checkbox"/>

Once you have reviewed and signed this form, please email it to applications@cgw.com.au.

Signature of applicant

Date

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.: