



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](mailto: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.: