



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

F 61 7 3231 8402
T 61 7 3231 2402
E applications@cgw.com.au
W www.cgw.com.au

1. Applicant 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 deed sent to you?

☐ Email PDF copy	☐ Hard copy
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2. Borrowing trust details

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

3. Super fund details

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

Please send a copy of the current super fund deed with this application form

4. Details of asset being purchased

Address:	
Real property description (e.g. lot on plan number or volume and folio number):	
Price and other terms:	
Is the asset being purchased from a related party?	☐ Yes ☐ No
Will the asset be leased to a related party?	☐ Yes ☐ No

5. Borrowing details (if known)

Lender:	
Loan amount:	
If lender is a related party, please provide the following information:	
Initial interest rate:	%
Interest rate:	☐ Fixed ☐ Variable
Maximum loan term:	
Repayment requirements (select one):	☐ Principal and interest ☐ Interest only
Repayment periods (e.g. monthly, quarterly):	
Does the loan need to comply with division 7A:	☐ Yes ☐ No

6. Optional extras

Additional fees apply. Please consult our price list or ask us for details.

Update super fund deed:	☐ Yes ☐ No
Related party loan documents:	☐ Yes ☐ No
Related party lease agreement:	☐ Yes ☐ No

Please send this form to Cooper Grace Ward with the relevant documents.

 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:	☐ MasterCard ☐ Visa		
Card number:		Expiry date (mm/yy):	/
Name of cardholder:		Amount:	\$
Signature of cardholder:	_____		
Date:	/ /	Contact phone no.:	