

**APPLICATION FOR BUSHFIRE
SUPPLEMENTARY GRANT
SMALL BUSINESSES**



RURAL FINANCE

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APPLICANT DETAILS

Trading Name (if any)	ABN																		
Applicant's Name in Full																			
Postal Address																			
Telephone BH					Mobile					Email Address									

SMALL BUSINESS

Small Business Owner										Business Type														
Small Business Address										Are the premises? <input type="checkbox"/> owned <input type="checkbox"/> leased														
Shire/Municipality										Fire Map Reference (if available)														
Is the gross income from your small business your primary source of income (more than 51%)?															<input type="checkbox"/> Yes					<input type="checkbox"/> No				
Normal Gross Small Business Income: \$					p.a.					Normal Gross Other Income: \$					p.a.									
Do you employ less than 20 full time equivalents?															<input type="checkbox"/> Yes					<input type="checkbox"/> No				
Were you operating or developing a business in the affected area immediately prior to the fire?															<input type="checkbox"/> Yes					<input type="checkbox"/> No				
Has your small business suffered physical damage as a result of bushfire?															<input type="checkbox"/> Yes					<input type="checkbox"/> No				
Are you intending to reestablish in the same area?															<input type="checkbox"/> Yes					<input type="checkbox"/> No				

BUSHFIRE LOSSES

Details of Loss	Value (\$)	Details of Loss	Value (\$)

INSURANCE *If you have made an insurance claim, please supply details of claim on separate sheet.*

Are the above losses insured? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you made a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance Company Name							
Address						Phone	

FUNDING REQUEST *Please indicate the main reason for claiming this grant. Attach invoices and receipts or quotes to support your claim.*

Clean-up costs and/or removal of debris	\$
Repairs and/or restoration	\$
Other (specify & attach list if necessary)	\$

CONSENT AND ACKNOWLEDGEMENT

I/We authorise Rural Finance Corporation of Victoria ABN 33 942 306 027 ("Rural Finance"), for the purposes specified in Rural Finance's Privacy Statement, to obtain from and/or disclose to my/our accountant and other advisors, credit providers, insurers, rating authorities, government agencies providing me/us with support including Centrelink and other debtors, creditors, authorities and institutions named in data supplied to or otherwise obtained by Rural Finance in connection with this Application,

any consumer or commercial information about me/us and my/our business including my/our assets, liabilities, income and/or expenditure.

I/we certify that that I/we own/operate a farming/small business as defined by the Australian Tax Office.

I/we certify that my/our farming/small business has suffered financial loss as a result of physical damage from the 2009 Victorian bushfires.

I/we declare that the grant will be used for the purpose of overcoming the immediate effects of the bushfires and to assist the re-establishment of my/our business.

I/we agree to supply receipts for expenditure on request.

I/We hereby authorise persons described in this Consent and Acknowledgement to supply Rural Finance with any further information it may require.

I/We acknowledge that:-

- Rural Finance's Privacy Statement is available on its website and at its offices;
- I/we can gain access to personal information (as defined in the Information Privacy Act 2000 (Vic)) which Rural Finance holds about me/us except in certain circumstances specified by legislation;
- failing to provide some or all of the information which Rural Finance requests about me/us may result in this Application not being processed or approved.

I/We certify that the information provided by me/us in connection with this Application is true, correct, accurate, up to date and complete and acknowledge that Rural Finance relies on the information when assessing this Application.

I/We agree to repay the grant in the event of receiving proceeds from my/our insurance for the same losses for which the grant is made.

Applicant (Print Name/s)	Signature	Date