



SOUTH EAST VICTORIA BUSHFIRES
FEBRUARY / MARCH 2019
CLEAN-UP AND RESTORATION GRANT
PRIMARY PRODUCER

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PLEASE READ THE FACT SHEET PRIOR TO COMPLETING THIS APPLICATION

APPLICANTS (please give details of all owners, partners, shareholders, lessee or sharefarmers)

Form with fields for Applicant details: Surname, Given Names, Relationship, Trading Name, ABN, Principal Applicant, Farm Address, Postal Address, Telephone No, Mobile, Fax No, Email.

FARM PROPERTY Please describe details of your farm operation

Form with fields for Farm Property details: Affected Property Address, Affected Property Owner, Property Size, Affected Area, Farm Industry, Shire, Normal Scale of Operation, Expected farm turn over, and other income source questions.

INSURANCE

Form with insurance questions: Are you Insured?, Are your losses covered by insurance?, Insurance Company Name, Phone.

DETAILS OF LOSSES Please attach invoices to support. Attach a further sheet if necessary.

Table with 3 columns: Details of ALL direct losses incurred as a consequence of the February/March 2019 Bushfire event, Estimated Cost of Replacement \$, Expected Amount of Insurance Recovery \$. Includes a TOTAL row.



