

Application -COVID-19 Business Support Loan Scheme

Form Preview

1. Applicant Checklist

* indicates a required field

PLEASE NOTE: This program is closed for new applications. If you have an existing application you can submit that application until 5pm 25 May 2020.

NEW APPLICATIONS WILL NOT BE ASSESSED.

Before proceeding with this application, please ensure you can comply with all of the criteria below in accordance with the COVID-19 Business Support Loan Scheme [Guidelines](#). If your answer is no to any of the questions in the checklist below, it would indicate the applicant may be ineligible to apply. If unsure about eligibility, please contact Business Tasmania on 1800 440 026 or ask@business.tas.gov.au for clarification.

Have you read, understood and can comply with the guidelines? *

☐ Yes

What industry sector do you operate in? *

- ☐ Tourism
- ☐ Hospitality
- ☐ Other

No more than 1 choice may be selected.

The last two years of accountant prepared financial statements are attached (for financial years 2018 and 2019) along with interim financial accounts year to date, if available. *

☐ Yes

Attach financial statements here *

Attach a file:

Multiple file attachments can be added.

Current aged list of creditors and debtors *

☐ Yes

Attach aged list of creditors and debtors here *

Attach a file:

Multiple file attachments can be added.

Individual tax returns for the last two financial years. *

☐ Yes

Attach individual tax returns added here. *

Attach a file:

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Multiple file attachments can be added.

Business tax returns for all related entities for the last two financial years *

- ☐ Yes
☐ N/A, if covered in personal tax return above.

Attach business tax returns here.

Attach a file:

Multiple file attachments can be added.

Copy of ATO Integrated Client Account for the last six months for all related business entities *

- ☐ Yes

Attach ATO Integrated Client Account here. *

Attach a file:

Multiple file attachments can be added.

2. Applicant Details

* indicates a required field

Applicant Business Information

Name of Applicant *

Organisation Name

Type of entity *

- ☐ Registered company
☐ Partnership
☐ Sole Trader
☐ Trust
☐ Other

Applicant's ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN
Entity name
ABN status
Entity type

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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

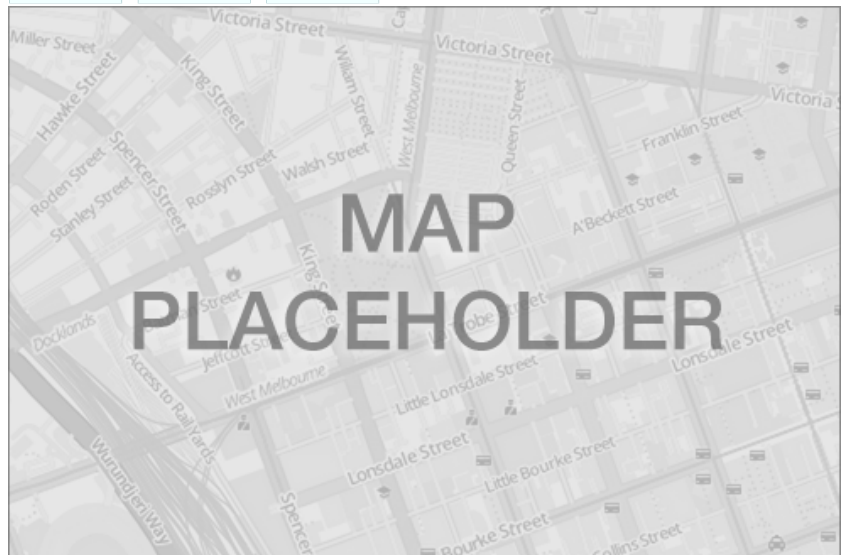
Main business location

Must be an ABN

Business Address *

Address

Suburb State Postcode



Must be an Australian post code

Postal Address (if different from business address)

Address

Suburb State Postcode

Must be an Australian post code

In which Local Government Area is your business located?

Business Phone Number

*

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Business E-mail *

Must be an email address

Business website

Principal Contact *

Title

First Name

Last Name

Principal Contact Phone Number *

Principal Contact E-mail *

Statement of Financial Position

* indicates a required field

Personal Details

Name *

☐ Individual

☐ Organisation

Organisation Name

Title

First Name

Last Name

Date of Birth *

Must be a date.

Drivers Licence Number & State of Issue

Summary of Financial Position of Applicant/Director 1

Total Assets

\$

Must be a dollar amount.

Total Liabilities

\$

Must be a dollar amount.

Net Position

\$

Must be a dollar amount.

Name of Applicant/Director 1

Summary of Financial Position of Applicant/Director 2

Total Assets

Total Liabilities

Net Position

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\$

Must be a dollar amount.

\$

Must be a dollar amount.

\$

Must be a dollar amount.

Name of Applicant/Director 2

Summary of Financial Position of Applicant/Director 3

Total Assets

\$

Must be a dollar amount.

Total Liabilities

\$

Must be a dollar amount.

Net Position

\$

Must be a dollar amount.

Name of Applicant/Director 3

Loan Information

* indicates a required field

Details of the Business

Please describe the type of business activity undertaken *

Describe in this section the normal day to day activities of the business.

Amount of loan sought. *

\$

Must be a dollar amount and between \$20,000 and \$250,000.

Loan Term Sought (years) *

Maximum loan term is five years.

Bank Account details for deposit of loan funds *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Provide details of what the loan funds will be use for.(Please Note: loan funds CANNOT be used for the purpose of debt refinancing) *

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4. Declaration and Privacy Statement

* indicates a required field

APPLICANT DECLARATION - Applicant to read and complete

Right to Information

Information provided to the Department of State Growth and details of any financial assistance package may be subject to requests for public disclosure under the *Right to Information Act 2009 (Tas)* and may, where the department deems appropriate, be disclosed in accordance with the Act.

Personal Information Protection

Personal information will be collected for the purpose of undertaking the Department of State Growth activities. If an application is submitted, personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the department or affiliated bodies.

Personal information may be disclosed to other public sector bodies where necessary for the efficient storage and use of the information. Personal information will be managed in accordance with the *Personal Information Protection Act 2004 (Tas)* and the *Privacy Act 1988 (Cth)*. This information may be accessed by the individual to whom it relates, on request to the Department of State Growth's Personal Information Protection Officer on 1800 440 026. A fee may be charged for this service.

I/we acknowledge 'Right to Information' and 'Personal Information Protection' clauses. I/we authorise my/our personal information to be collected, used, exchanged or disclosed as outlined above.

I/we have read and understood the COVID-19 Business Support Loan Scheme Guidelines and obtained clarification where needed.

I/we have read the eligibility criteria for the program and declare that to the best of my/our knowledge the business is eligible under the program criteria. I/we also declare that the information given in this form is true and correct to the best of my/our knowledge.

I/we hereby authorise and direct my/our solicitor, accountant, commercial lender/banker or other person acting on my/our behalf to supply the Department of State Growth with any further information it may require.

I/we also declare that the business was financially viable prior to the COVID-19 event and is not under external administration or bankruptcy.

I/we also declare that the credit to be provided to me/us is to be applied wholly for the approved purpose.

I/we hereby authorise the Department of State Growth to undertake all necessary credit checks, company searches as it determines necessary and have discussions with our financiers.

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I/we understand that this application is made at my/our own cost and risk, that the assessment of successful applicants is at the absolute discretion of the Department of State Growth and that this application remains the property of the Department of State Growth.

The Department of State Growth has the right to accept the authority of the undersigned as conclusive evidence of that person's authority to execute this application on behalf of the applicant.

I am authorised to complete this application and have read and understood the declaration and privacy statement *

☐ Yes

Authorised Person's Name *

Title

First Name

Last Name

Position held *

Date of declaration *