

Farm Debt Restructure Office  
 Queensland Rural and Industry  
 Development Authority (QRIDA)  
 GPO Box 211 Brisbane Qld 4001  
 Freecall: 1800 623 946 F: 07 3032 0300  
 E: contact\_fdro@qrlda.qld.gov.au  
 www.qrlda.qld.gov.au/fdro  
 ABN: 30 644 268 943

# Application for Farm Business Analysis Assistance

**OFFICE USE ONLY**

Application No:

v3 2/11/2018

**Section 1: Applicant details**

Please select:	Title	Surname	Given Names	Date of Birth
Sole trader				
Partnership				
Individual trustees				
Company directors				
Company	<i>Please list Company Director's details above</i>			
Trust	Trust name <input style="width: 90%;" type="text"/>			

*If the Trustee is a Company, please provide the Company name and the Company Directors' names in the boxes above*

Trading name:

Australian Business Number (ABN)	<input style="width: 95%;" type="text"/>	Are you GST registered?
		Yes    No
Industry type (e.g. beef, sheep, grain)	<input style="width: 95%;" type="text"/>	

Nominated contact person <input style="width: 95%;" type="text"/>	Telephone <input style="width: 95%;" type="text"/>
Business telephone <input style="width: 18%;"/>	Fax <input style="width: 18%;"/>
Mobile <input style="width: 18%;"/>	Email address <input style="width: 55%;"/>

<b>Road address of enterprise:</b>	<b>Postal address of enterprise:</b> Please tick if same as road address
<input style="width: 95%;" type="text"/>	Postal name <input style="width: 95%;" type="text"/>
Town/city <input style="width: 18%;"/>	Postal address <input style="width: 95%;" type="text"/>
State <input style="width: 5%;"/>	Town/city <input style="width: 18%;"/>
Postcode <input style="width: 5%;"/>	State <input style="width: 5%;"/>
Local Government area <input style="width: 95%;" type="text"/>	Postcode <input style="width: 5%;"/>
	<input style="width: 5%;"/>

**Section 2: Business contact details**

**Accountant**

Contact person <input style="width: 95%;" type="text"/>	Telephone	<input style="width: 95%;" type="text"/>	Mobile	<input style="width: 95%;" type="text"/>
Firm <input style="width: 95%;" type="text"/>	Email	<input style="width: 95%;" type="text"/>		

**Bank or financier**

Contact person <input style="width: 95%;" type="text"/>	Telephone	<input style="width: 95%;" type="text"/>	Mobile	<input style="width: 95%;" type="text"/>
Firm <input style="width: 95%;" type="text"/>	Email	<input style="width: 95%;" type="text"/>		



### Section 3: Assistance criteria

To be eligible for the assistance, the Farm Business Analysis Assistance Guidelines require you to meet the criteria below. Please indicate whether you meet this criteria below:

Are you currently a primary producer in financial difficulties as per Section 7 of the Farm Business Analysis Assistance Guidelines? (refer also Section 4 below)	Yes	No
Have you owned or operated a primary production enterprise for at least three (3) years?	Yes	No
Do you have existing farm business term debt in relation to your primary production enterprise?	Yes	No
Can you demonstrate a need for Farm Business Analysis Assistance? (refer also Section 4 below)	Yes	No
Are you involved in a mediation process under the <i>Farm Business Debt Mediation Act 2017</i> (Qld)?	Yes	No
Are you under administration or subject to recovery actions?	Yes	No

### Section 4: Details of your primary production enterprise

Please describe your core business and related activities.

*e.g. Self-replacing beef cattle breeder operation with 250 cows, selling progeny as weaners between 8-12 months / Mixed farming operation totaling 2,000ha. Farming 800ha of winter crop and 1,200ha for backgrounding 500 trade cattle p.a.*

### Section 5: Statements to support assistance criteria

**(a) What are your reasons for seeking Farm Business Analysis Assistance?**

*e.g. Unable to identify issues affecting the business? Require direction on the next steps of the business; Seek clarity and options around the future of your enterprise, A Farm Business Analysis could be critical to the continuation of your primary production enterprise, You do not have the financial or other resources to access a similar professional service.*

**(b) Please provide brief detail on events or circumstances that demonstrate you are currently experiencing financial difficulties.**

*Financial distress means the deterioration or loss of capacity within a business that would see it unable to meet ongoing commitments within arrangements. e.g. Business regularly exceeds overdraft limits, business has experienced a significant impact affecting the capacity of the enterprise.*

**Section 5: Statements to support assistance criteria (cont...)**

**(c) If successful what are you looking to achieve from the assistance?**

*e.g. increase viability, remain a primary producer, pursue a new direction, position enterprise for retirement or family succession.*

**Section 6: Statement of assets and liabilities**

Complete one Statement of your *business and personal* Assets and Liabilities including those held individually or jointly with partners, other persons or associated entities. The Statement must include all assets you own and all debts you owe. Complete this below OR attach your own files separately.

ASSETS (show present fair market value)	\$	LIABILITIES (current amount owing)	\$
Cash at bank		Overdraft (Limit:\$ )	
Term deposits			
		Term loans	
Farm properties			
1. Land ha @ \$ /ha = \$ Buildings ( )\$		Other loans (e.g. private loans)	
2. Land ha @ \$ /ha = \$ Buildings ( )\$			
3. Land ha @ \$ /ha = \$ Buildings ( )\$			
Livestock /stock (show type)		Stock loans / pastoral house	
Plant & machinery		Hire purchase, leasing & chattel mortgage (transfer total from table below)	
Vehicles			
Crops (harvested, stored and unsold)		Entitlements owing to employees	
		Taxation debt	
Accounts receivable		Accounts payable	
Debentures/Shares/Investments		Margin loans	
Other real estate (show details)		Real estate loans (show details)	
Superannuation (current estimated value)		Personal loans	
Other assets (detail)		Credit cards	
		Other liabilities (detail)	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	

**Hire purchase and lease repayment schedule (if preferable you can attach a list separately to this form)**

Item	Lender	INSTALMENTS					LEASE RESIDUAL		Total owing (a x b + c + d)
		(a) Instalment amount	Frequency e.g. monthly/yearly	(b) No. of payments remaining	Date of final payment	(c) Overdue payments (arrears)	(d) Amount	Due date	
<b>Total Owing (transfer total to 'Statement of Assets and Liabilities' above)</b>									

## Section 7: Required information

Please ensure that the below documentation is attached or has been supplied in electronic format to QRIDA. Tick the check box to confirm:

1. Statement of assets and liabilities for applicant and all associated entities.  
*A template is available at [www.qrida.qld.gov.au/fdro](http://www.qrida.qld.gov.au/fdro)*
2. Past three (3) years financial statements – for applicant and all associated entities, including profit and loss statement, balance sheet, livestock and depreciation schedules (cashbook figures may be accepted if financial statements have not been prepared).
3. Past three (3) years personal taxation returns for applicant and all associated entities.
4. Australian Taxation Office (ATO) Integrated Client Account Statement for the applicant and all associated entities.
5. Schedule of Account Details - A copy of the form to be completed by each of your lenders (including banks, credit unions, lease/finance companies etc.). *This form is on the back page of this application.*

Please note applicants may be requested to provide additional information to support their application.

## Section 8: Declaration and authorisation

I/We declare that the information provided in this application and documentation supplied is correct and that deliberately giving false or misleading information is a serious offence under the *Rural and Regional Adjustment Act 1994* and the Criminal Code and may lead to prosecution.

I/We have read and understood or where necessary sought clarification of the Farm Business Analysis Assistance Guidelines.

I/We understand that completed applications under the scheme will be assessed in the order of receipt and offers will be based on the availability of funds. Applications will not enter the assessment queue until all the required information, as outlined in Section 6 of this application, is received at QRIDA.

I/We understand that we must actively participate with QRIDA and or the nominated provider through the process to the completion and delivery of the Farm Business Analysis Report.

I/We understand that recommendations provided in analysis may result in financial, taxation, legal or other implications. Applicants are advised to seek independent financial advice in regard to these before actioning any ideas/options in the analysis.

I/We hereby authorise QRIDA and any of its authorised representatives to:

(a) collect information that QRIDA or its authorised representatives consider to be necessary or appropriate in connection with this application from: (i) any accountant, solicitor, business consultant, bank, other financier, processor, supplier or other person named or identified in this application or any supporting documentation provided with, or in support of, this application; (ii) any commonwealth, state or local government agency or authority that QRIDA or its authorised representatives may consider relevant to this application, (each a Relevant Person); and (b) disclose to any Relevant Person and to any contractor or agent of QRIDA involved in the assessment or processing of this application: (i) that I/we have made this application; (ii) information contained in this application or any supporting documentation provided with, or in support of, this application; (iii) information collected by QRIDA or its authorised representatives under paragraph (a) above; and (iv) information about any previous application I/we have made to, or financial assistance received from, QRIDA.

Applicant/s' Signature

Date

Applicant/s' Signature

Date

## How did you hear about the assistance? Please select:

QRIDA - Head office	Financial Counsellor	Accountant	Bank	Government department
QRIDA - Regional Area Manager	Industry organisation	Media (radio, newspaper, TV)	Social media	

## Section 9: Privacy information

Personal information provided on this form or obtained from any Relevant Person may be used by QRIDA or state government agencies and their authorised representatives to assess your application and in relation to the administration and management of the Act. More information about our privacy policy is available at [www.qrida.qld.gov.au](http://www.qrida.qld.gov.au)

## Schedule of Account Details

A separate copy of this form is to be completed by **each** of your lenders.  
 Please arrange for your lenders to return this form to you before submitting your completed application to QRIDA.  
 (Includes banks, finance companies, building societies, credit unions and private lenders. For Applicants and **all** related entities)

v1 21/11/2017

Consent and authorisation	Return instructions
<p>To: _____ (Bank/Financier name)</p> <p>Please list below details of all my/our accounts held with your company and return this form to me/us according to the Return Instructions (shown to the right of this form). You are also authorised and directed to discuss my/our accounts with QRIDA and provide any information QRIDA may request regarding my/our accounts.</p> <p>Name/Comapny/Firm _____ Applicant's signature <input style="width: 200px; height: 25px;" type="text"/></p> <p>Name/Director/Partner _____ Applicant's signature <input style="width: 200px; height: 25px;" type="text"/></p>	<p>Please return this form to me/us by:</p> <p>Fax: _____</p> <p>Email: _____</p> <p>Post: _____</p>

Loan accounts, equipment finance & other borrowings (debit accounts)										
Account name	Account BSB & number	Facility type	Balance	Limit	Interest rate	Expiry date	Repayment amount	Repayment frequency	Balloon or residual	Arrears
Contingent liabilities:										

Savings accounts, term deposits, investment accounts & other asset accounts (credit accounts)			
Account name	Account BSB & number	Account type	Balance

Certification				
I/we confirm the above information is correct.				
Branch Address/Stamp				
Manager name	Manager signature	Date		
Email address	Telephone number	Fax number		

An additional Schedule of Account Details form is available on QRIDA's website.