



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

PO Box 1313
Bendigo Central Vic 3552
Ph 1800 260 425 Fax 5441 8901
governmentservices@ruralfinance.com.au
www.ruralfinance.com.au

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: Surname, Given Names (in full), Relationship (e.g. Owner, Spouse, Lessee), Trading Name (if applicable), 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: Affected Property Address, Affected Property Owner, Property Size (ha), Affected Area (ha), Farm Industry, Shire, Normal Scale of Operation, Specify your expected farm turn over (gross income) under normal seasonal conditions: \$ pa, Nominate the source and amount of any other income: \$ Source, Normally, is the gross income from your farm your primary source of income (more than 51%)?, Normally, is the majority of your labour and capital devoted to the farm?, Has your farming enterprise suffered direct damage as a result of the Feb/ March 2019 Bushfires?

INSURANCE

Form with fields: Are you Insured? Yes No, Are your losses covered by insurance? Yes No, 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.

CHECKLIST

Have you enclosed the following items? Please complete the checklist to ensure ALL items are provided:

- Invoices for expenditure on eligible purposes (in principle approval may be sought if works are yet to be invoiced)
- Photographs of the damage caused or other supporting documents
- Completed and signed Statutory Declaration (below)
- Rate Notice to show ownership of affected property
- Lease or Sharefarm Agreement (if applicable)

PAYMENT DETAILS Please provide your bank account details for the grant payment to be credited to.

Account Name in full (as it appears on your statement)

Bank & Branch BSB: Account No:

PRIVACY CONSENT

I/We authorise Rural Finance a brand used by Bendigo and Adelaide Bank Ltd ABN 11 068 049 178 ("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 my/our expenditure and my/our business including my/our assets, liabilities, income and/or expenditure.

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 in certain circumstances specified by legislation.
- I/We acknowledge that 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.

DECLARATION AND AGREEMENTS

- I/We declare that I/We own/operate a farming business as defined by the Australian Tax Office.
- I/We declare that my/our farming business has suffered financial loss as a result of physical damage from the specified bushfire event that commenced February / March 2019.
- I/We declare that the grant will be used for the purpose of overcoming the immediate effects of the bushfire and to assist the re-establishment of my/our business.
- I/We declare that my/our claim for damage occurred on the date specified.

- I/We agree to supply receipts for expenditure on request.
- I/We hereby authorise persons described in the Privacy Consent to supply Rural Finance with any further information it may require.
- I/We appoint the Principal Applicant as my/our agent for all purposes associated with the Application. Rural Finance will be entitled to rely on this authority in its dealings with the Principal Applicant and in processing the 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.

CONSENT AND STATUTORY DECLARATION BY PRINCIPAL APPLICANT ON BEHALF OF ALL APPLICANTS

I, (full name)

on behalf of (applicant(s) / trading name)

Of (address)

occupation

I do solemnly and sincerely declare that this application is true and correct in every particular, and I make this declaration with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at

in the State of Victoria, this day of 20.....

..... Before me

Signature of person making this declaration (to be signed in front of an authorised witness)* Signature of authorised witness

Authorised witness: Name

Address

Title

*Authorised witnesses include: Justice of the peace, lawyers, police, accountants, pharmacists, school principals, ministers of religion, bank managers, doctors, vets and shire councillors.