



APPLICATION FORM

NSW Container Deposit Scheme Transitional Assistance Program

1. Details of the applicant(s)

Name of your organisation <i>(which has entered into a supply arrangement with the Scheme Coordinator)</i>			
Trading name			
ABN			
ACN			
Owners	Full name(s) of owners (top 3 shareholders)	Position in organisation (e.g. none / director, trustee / partner)	Date of birth (if known by applicant)
			/ /
			/ /
Business address			Postcode
Postal address <i>(if different to above)</i>			
Contact numbers:	Phone	Mobile	Fax
E-mail			
Briefly detail the nature and scale of your business <i>(employees, locations, other business lines, turnover etc.)</i>			

2. Eligibility to access assistance

Please confirm the applicant:

- A. has entered into a supply arrangement with the Scheme Coordinator
Registered supplier number (from Exchange for Change): **Yes** / **No**
- B. has beverage sales revenue of at least 50% of total sales for its business group
(measured over the most recent full financial year of operation) **Yes** / **No**
- C. is NOT a member of Exchange for Change (EfC). (EfC is the Scheme
Coordinator) **Yes** / **No**
- D. is NOT a major retailer or owned by or controlled by a major retailer or
contracted to manufacture beverages whose sales revenue exceeds 10% of
total sales for the business group on behalf of a major retailer **Yes** / **No**
- E. is NOT a publicly listed company, or owned by a publicly listed company, or a
member of a group of entities related by ownership with total employees
exceeding 200, or total sales exceeding \$50 million in the most recent full
financial year of operation **Yes** / **No**
- F. is predominantly based in NSW. **Yes** / **No**

3. Loan amount

Note: Loan applications will be assessed and successful applications will be paid in accordance with invoices issued by EfC.

Loan amount sought (maximum \$200,000)	\$
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4. Bank account details

Name of bank, building society or credit union	
Branch where account is held	
Branch number (BSB)	-
Account number (this may not be your card number)	
Account held in the name(s) of	

5. Enclose financial statements

Provide the following statements from your accounting information system. If this is not possible, please complete the templates included as attachments to this form.

- Statement of Financial Position covering the applicant's most recent annual reporting period
- Statement of Profit or Loss and Other Comprehensive Income covering the applicant's most recent annual reporting period
- Statement of Cash Flows covering the applicant's most recent annual reporting period
- Cash Flow forecast covering the applicant's 12 months to November 2018 (incorporating the loan amount you expect to seek under this facility and equal monthly zero interest repayments finalising the loan by 31 October 2018).

6. Details of all borrowings

Part A

Enter information on overdraft, *term loans, fixed rate loans, commercial bill facilities, investment loans or family loans or private loan facilities, credit cards etc.*

Financier	Type	Term in Years	Limit	Balance Owing	Interest rate
				\$	%
				\$	%
				\$	%
				\$	%
				\$	%
				\$	%
TOTAL				\$	

Part B

Lease and hire arrangements

Lease company	Contract amount	Term in years	Balance owing	Interest rate
	\$		\$	%
	\$		\$	%
	\$		\$	%
	\$		\$	%
	\$		\$	%
	\$		\$	%
TOTAL			\$	

Summary of borrowings

		Balance owing	Annual instalments
Part A	Total	\$	\$
Part B	Total	\$	\$
TOTALS		\$	\$

Contingent liabilities, guarantees for loans etc

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Has the applicant firm, or any of its directors, ever been bankrupt, assigned a liquidator, or are there any unsatisfactory judgements against you in court?

YES / NO If YES, give details

7. Contact details

Please complete details if the applicant engages with any of the following professionals.

Solicitor's details	Firm name:		
	Contact name:		
	Phone:	Mobile:	Fax:
	E-mail:		

Accountant's details	Firm name:		
	Contact name:		
	Phone:	Mobile:	Fax:
	E-mail:		

Main financier's details	Firm name:		
	Contact name:		
	Phone:	Mobile:	Fax:
	E-mail:		

8. Declaration/consent

Note that any person who knowingly and with intent to defraud the NSW Government or another person, files an application for assistance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime under the *Crimes Act 1900* and subjects the person to criminal penalties.

Please check the boxes to acknowledge consent, then sign and date the form.

- I/We have read and understood the CDS Transitional Assistance Program – Information Brochure.
- I/We have read the Privacy statement above about how information provided in my/our application may be used.
- I/We understand that completed applications under the Scheme will be assessed in order of receipt and loan offers will be based on the availability of funds.
- I/We hereby give approval to the NSW Government to obtain and provide information relevant to this application from my/our lender(s), accountant or any other nominated person.
- To allow this application to be assessed, I/we authorise the release of information by relevant authorities, including Commonwealth, state/territory or local authorities to the NSW Government relating to my/our application.
- I/We give ongoing approval for the NSW Government to obtain and provide information as required from my/our lender regarding any review (annual or otherwise) of my facilities with that lender and/or this loan if approved.
- I/We solemnly declare that the requirements of “Section 2: Eligibility to Access Assistance” are true and correct statements and I/We make this solemn declaration subject to punishment by law provided for any wilful false statement.
- I/We solemnly declare that this is a true and correct statement of all my/our affairs and I/We make this solemn declaration subject to punishment by law provided for any wilful false statement.
- I/We agree to provide feedback and participate in a review of this Scheme.

Signed applicant

Date / /

Signed applicant

Date / /

Signed applicant

Date / /

Submitting your application

To minimise any delay in the processing of your application, please ensure you have provided all the information listed below.

Note: Financial statements will be destroyed after use.

Check list

- Section 2: Eligibility to Receive Assistance is complete, advising the applicant's eligibility for the NSW CDS Transitional Assistance Program.
- A **Statement of Financial Position** covering the applicant's most recent annual reporting period is complete and attached.
- A **Statement of Profit or Loss and Other Comprehensive Income** covering the applicant's most recent annual reporting period is attached.
- A **Statement of Cash Flows** covering the applicant's most recent annual reporting period is attached.
- A **Cash Flow Forecast** for the 12 month period to November 2018 is attached.
- The form has been signed (including by electronic signature for any online form version) by an individual acting with the applicant's express authority and on behalf of the organisation.

Applications for the NSW CDS Transitional Assistance Program
must be submitted before **31 January 2018**

Email completed forms to
support@smallbusiness.nsw.gov.au

Privacy

The information in this application is provided voluntarily and is being collected by the NSW Government for purposes related to the administration of the scheme of assistance under which you have applied, including the assessment of the effectiveness of the scheme. This may involve disclosing the information in this application to contractors engaged by the Authority or to either State or Commonwealth government agencies. We will supply you with details of those that we have disclosed information to, if you apply to us in writing. Information regarding your application may also be discussed and exchanged with the nominated contact persons listed by you in your application.

Not providing the information requested in this application or providing false or misleading or incomplete information may impact on the ability of the Government to accurately assess your application.

The NSW Government agrees to take all reasonable measures to ensure that the personal information collected by it is stored securely.

You may access or correct your personal information by contacting the Office of the NSW Small Business Commissioner by telephone on 02 8222 4884, email **support@smallbusiness.nsw.gov.au**, or by writing to: Manager Administration, CDS Transitional Assistance Program, Office of the NSW Small Business Commissioner, GPO Box 5477 Sydney NSW 2001.

ATTACHMENT A – STATEMENT OF FINANCIAL POSITION

Only complete if you are unable to attach an equivalent statement generated by your accounting information system. This should cover the applicant’s most recent annual reporting period.

LIABILITIES (Show present debts)	\$	ASSETS (Show present fair market value)	\$
Total Borrowings (from previous page)			
Trade Creditors			
Current			
30-60 days		Business	
60 days +		Business – Premises	
		Business – Stock	
Australian Tax Office - GST		Business – Plant & Equipment	
		Business – Fixtures & Fittings	
		Business – Goodwill	
Council Rates		Other Business assets (include description and value)	
Sundry Creditors (List those of \$1,000+)		Trade Debtors	
		Current	
		30-60 days	
		60 days +	
		Motor Vehicle(s)	
		Cash at Bank - Business	
		Other Investments (Detail)	
		Other Assets	
TOTAL		TOTAL	

