



Level 1, 18 Richardson Street, West Perth WA 6005
PO Box 1906 West perth WA 6872
Tel: (08) 9388 0551
Fax: (08) 9388 6551

Loan Agreement Instructions
(Shareholders and Associates – Division 7A ITAA)
(NB: A separate checklist and Loan Agreement is required for each Borrower)

LENDER DETAILS

Name:
ACN:
Registered Office:

BORROWER DETAILS

Name:
A.C.N. (if applicable)
Directors Names (if applicable):
as Trustee for (if applicable):
Address:

COMMENCEMENT DATE

(the date on which the Lender first makes the loan/advance or part of it to the Borrower)

Date:

APPLICANT DETAILS

Firm Name: Contact Person:
Address:
Telephone: Facsimile:
Email Address: Deadline:

Payment Details:

\$286.00

Chq Encl. Direct Deposit (BSB: 033-157 Account Number: 525 180)

or Charge our Credit Card: Bankcard Visa Mastercard

Card Number: Expiry Date:

Name of Cardholder: Signature