

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 form to QRIDA. (Includes banks, finance companies, building societies, credit unions and private lenders. For applicants and all related entities)

Consent and Authorisation		Return instructions
To:	(Bank/Financier)	Please return this form to me/us by:
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 to discuss my/our accounts with QRIDA and provide any information QRIDA may request regarding my/our accounts.		Fax
Name/Company/Firm:	Applicant's Signature:	Email
Name/Company/Firm:	Applicant's Signature:	Post

Loan Accounts, Equipment Finance and Other Borrowings (Debit Accounts)									
Account Name	Account BSB & Number	Facility Type	Balance	Limit	Interest Rate	Expiry Date	Repayment Amount	Balloon or Residual	Arreas

Contingent Liabilities:

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Savings Accounts, Term Deposits, Investment Accounts and other Asset Accounts (Credit Accounts)			
Account name	Account BSB & Number	Account Type	Balance

I/We confirm the above information is true and correct at the date executed.

Branch address/stamp:					
Manager name:	Manager signature:		Date:		
Email address:	Phone number:		Fax:		

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