

1. APPLICANT(S) DETAILS

FULL NAME(S)	Position (Director, Trustee, Partner etc)	Date of Birth
		/ /
		/ /
		/ /
		/ /
Business and / or Trading Name:		
ABN:		

Business Address		
		Postcode
Phone:	Mobile:	Fax:
E-mail:		

Postal Address [If different from business address]		
		Postcode

Home Address [If different to business & postal address]		
		Postcode
Phone:	Mobile	Fax
E-mail:		

2. BUSINESS DETAILS

Please provide a brief description of your business.

How many years have you operated the current small business?	Years
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How many employees does your business have? (Please note a full time employee is one working at least 35 hours per week)	Permanent (Full Time Equivalent)
	Casual (Full Time Equivalent)
	TOTAL (Full Time Equivalent)

List the Rural Lands Protection Board area(s) in which you conduct the majority of your business or your towns location.	
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Is at least 70% of your normal business turnover derived from the provision of goods and services from your business direct to farm businesses in Exceptional Circumstances declared areas?	Yes	No
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If Yes, what type of goods and / or Services does your business provide to farmers?	Irrigation services
	Transport services
	Consultants, agents, advisory or financial services (including accountancy and bookkeeping)
	Contractors e.g. Harvesting, fencing, shearing etc.
	Suppliers – farm machinery, equipment, seed, fertilizer and other suppliers
	Other services and suppliers (please specify)

If No, indicate the type of small business.	Retail Goods – includes General Stores, Newsagents, Clothing Stores, Butchers, Hardware and Electrical Stores etc
	Retail Services – includes Post Office, Hairdressers, Smash Repairs and Mechanics
	Accommodation Services – includes Hotels, Caravan parks
	Hospitality – includes Restaurants, Cafes, Take Away
	Rural Services – E.g. Horse Trainers, Saddlery, Horse Breeders etc and sub-contractors to the rural industry.
	Manufacturing / Wholesale
	Construction – Decorator, Builder, Plumber, Electrician
	Financial Services
	Non Rural Transport

Is your business significantly dependant upon farmers or farming clients?	Yes / No
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If Yes, please describe how your business is dependant upon farmers / farming families?	

Advise the last 12 months income derived from:	- Goods and/or services for farming activities/farming families	\$	%
	- Other income	\$	%
	- TOTAL INCOME	\$	%

Provide evidence of the above (attach documents – Break up of last 12 months sales to farm businesses/farming clients and Business Activity Statements (BAS) to reconcile).

Details of any Farm Property presently held (if more than 1 please attach a list)			
Property Name			
Registered Proprietor/s			Area (ha)
Date Purchased	Current Market Value \$	Amount Owning \$	

Have you purchased any capital items since 7 November 2006? eg: Property, plant and equipment etc.	Yes / No	
If yes, please provide details (attach list).		
Capital item purchased	Date purchased	Purchase price

3. FINANCIAL STATEMENTS

Do you wish to have the attached copies of your financial statements returned to you after your application has been assessed? (Please tick either 'Yes' or 'No')	Yes	No
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NOTE: Unless you select 'Yes' your financial statements will be destroyed by shredding or other means of secure disposal.

10. PRIVACY STATEMENT

The information in this application is provided voluntarily and is being collected by the NSW Rural Assistance Authority 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 government agencies including the Commonwealth Department of Agriculture, Fisheries and Forestry. 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 Authority to accurately assess your application.

The NSW Rural Assistance Authority 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 Authority by telephone on 1800 678 593 (toll free) or by writing to: Manager Administration, NSW Rural Assistance Authority, Locked Bag 23, ORANGE, NSW, 2800.

11. THIRD PARTY INFORMATION

Please provide contact details for the following if appropriate.			
Accountant			
Firm			
Contact			
Phone	Fax	E-mail	
Bank			
Name			
Contact			
Phone	Fax	E-mail	
Financier			
Name			
Contact			
Phone	Fax	E-mail	
Financier			
Name			
Contact			
Phone	Fax	E-mail	
Rural Counsellor			
Firm			
Contact			
Phone	Fax	E-mail	

12. HOW DID YOU FIND OUT ABOUT THIS ASSISTANCE?

<input type="radio"/> Rural Assistance Authority	<input type="radio"/> Accountant	<input type="radio"/> Government Department	<input type="radio"/> Papers
<input type="radio"/> Financial Counsellor	<input type="radio"/> Bank	<input type="radio"/> Industry Organisation	<input type="radio"/> Radio
<input type="radio"/> Television	<input type="radio"/> Farm Family Gatherings	<input type="radio"/> Other	

13. RECIPIENT CREATED TAX INVOICE and DECLARATION

All applicants are required to complete the following Agreement (see below point 14) to, among other things, enable the Authority to arrange payment of the relevant Small Business Exceptional Circumstances Interest Rate Subsidy (SBECIRS) if the application is successful.

14. RECIPIENT CREATED TAX INVOICE AGREEMENT and DECLARATION

The RCTI component of this agreement is made in accordance with *A New Tax System (Goods and Service Tax) Act 1999 Classes of Recipient Created Tax Invoice Determination (No. 1) 2000*

between

NSW Rural Assistance Authority (ABN 17 283 358 394) having its head office at 161 Kite Street, Orange, New South Wales, 2800 (the “**Recipient**” and “**Authority**”)

and

.....

 (Name of Applicant(s)) (the “**Supplier**” and “**Applicant**”) (Address of Applicant(s))

.....
 (ABN)

together referred to as the Parties.

In this agreement:

“**Adjustment Event**”, “**Adjustment Note**”, “**Taxable Supply**” have the meaning given to them in the GST Law.
 “**DAFF**” means the Commonwealth Department of Agriculture, Fisheries and Forestry.
 “**Determination**” means Determination of the Commissioner of Taxation set out as schedule 1 to Goods and Services Tax Ruling GSTR 2000/10 entitled “**Goods and services tax: recipient created tax invoices**”.
 “**SBECIRS**” means Small Business Exceptional Circumstances Interest Rate Subsidy.
 “**GST**” means goods and services tax.
 “**GST Law**” means *A New Tax System (Goods and Services Tax) Act 1999*.
 “**RCTI**” means a recipient created tax invoice that satisfies the requirements of the GST Law and associated rulings and determinations, including the Determination.

3. acknowledges that it is registered for GST at the time this agreement is executed and the Recipient will notify the Supplier if the Recipient ceases to be registered;
4. will issue to the Supplier an Adjustment Note in relation to Adjustment Events within twenty eight (28) days of the Adjustment Event to which the Adjustment Note relates;
5. will reasonably comply with its obligations under the taxation laws.

The Supplier:

1. will not issue tax invoices in respect of SBECIRS;
2. acknowledges that the Supplier is registered for GST at the time this agreement is executed and will immediately notify the Recipient if the Supplier ceases to be registered.

B. DECLARATION

The Applicant:

1. declares that the information provided in the SBECIRS application is true and correct at the time of lodgement; and
2. undertakes to contact the Authority immediately if the information provided in the SBECIRS application changes; and
3. agrees to the terms and conditions set out in the SBECIRS application including the privacy statement; and
4. agrees to participate in any follow up survey if requested by the Authority or DAFF to do so.

A. RCTI

The Parties agree that:

The Recipient:

1. may, within twenty eight (28) days of making or determining the value of the Taxable Supply that is related to the SBECIRS, issue an RCTI in respect of any SBECIRS to the Supplier in respect of that supply (whether paid in one or more amounts);
2. must not issue a document that would otherwise be an RCTI, on or after the date when the Recipient or the Supplier has failed to comply with any requirement of this agreement;

Signed as an agreement by the Parties to the terms and conditions set out herein.

 Signature of Applicant Signature of Applicant Signature of Applicant Signature of Applicant
 Date: ___/___/___ Date: ___/___/___ Date: ___/___/___ Date: ___/___/___

Signed for and on behalf of the NSW Rural Assistance Authority (ABN 17 283 358 394): _____
 Date: ___/___/___

Applications should be returned to

NSW Rural Assistance Authority
Locked Bag 23, ORANGE NSW 2800

Contact details

161 Kite Street, ORANGE NSW 2800
Telephone 02 6391 3000
Freecall 1800 678 593
Facsimilie 02 6391 3098
Email rural.assist@raa.nsw.gov.au

