

Merriwa Sir Ivan Feedlot Bushfire Fund

April 2017

Application for Recovery Assistance for Primary Producers

February 2017 Sir Ivan Bushfire

Application form

1. About you

Applicant(s) Full Name(s):	Date(s) of Birth
	/ /
	/ /

Full Property Address:	
	Postcode
Local Government area:	
Local Land Services area:	

Postal Address:	
<i>(if difference to property address)</i>	Postcode

Contact Numbers:		
Phone:	Mobile:	Fax:
Email:		

2. About your primary production enterprise

Type of primary production enterprise e.g. beef, sheep:

Details of your primary production enterprise:

Trading name (if difference from the legal/registered name):

ABN:

ACN:

Do you have an off-farm source of income?

Yes ☐ No ☐

If so, please estimate the percentage of your gross income that is derived from the farm:

%

Do you intend to continue the primary production enterprise?

Yes ☐ No ☐

What assistance have you received, if any, in relation to your recovery from the February 2017 Sir Ivan Bushfire? Please provide particulars below.

What is your most pressing need to facilitate your recovery? Please provide particulars below.

3. Reason for claiming

Has this business suffered direct damage as a result of the February 2017 Sir Ivan Bushfire?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is any of that damage covered by insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please indicate the nature of the insurance:	
<input type="checkbox"/> house and contents	
<input type="checkbox"/> fencing and other farm improvements	
<input type="checkbox"/> other:	

Has a claim for insurance been made as a result of the February 2017 Sir Ivan Bushfire?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If No, please advise why a claim has not been made:

Briefly describe any damage NOT covered by insurance:

What is the estimated value of the damage NOT covered by insurance?	\$
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4. Bank Account details

<i>Please provide bank account details for payment of assistance</i>	
Account Name:	
Bank/Credit Union Name:	
BSB:	
Account No.:	

5. Contact details

Stock & Station Agent		
Company Name:		
Contact Person:		
Phone:	Mobile:	Fax:
Email:		

Accountant		
Company Name:		
Contact Person:		
Phone:	Mobile:	Fax:
Email:		

To allow this claim to be assessed, I/we authorise you to contact the abovenamed Stock and Station Agent and/or Accountant to verify the information contained in this application, and I authorise and direct the Stock and Station Agent and/or Accountant to release such information to you as is necessary to enable you to verify the same.

6. Statements

Your Statement

I/We declare that:

- the information provided in this form is correct

I/We understand that:

- deliberately giving false or misleading information is a serious offence

Privacy

The information in this application is provided voluntarily and is collected by Merriwa Sir Ivan Feedlot Bushfire Fund Committee for purposes relating to the administration of the scheme of assistance under which you have applied.

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

7. Signature

Your signature

Name

Signature

Date

8. Lodgement of Applications

Applicants can lodge completed application forms by post to:

Merriwa Sir Ivan Feedlot Bushfire Committee
PO Box 102
MERRIWA NSW 2329

Should you have any queries or require assistance in completing this form, please contact Robert Tindall on 0427 761 159.