

FARM LOAN APPLICATION FORM

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Farm No.		FNQ		SEQ	SEQ NSW		VIC	SA		
Name(s)		(Must be in the full names of all parties to the Milk Contract)								
Full Address										
Phone No.(s)									
Email(s)										
LOAN TYPE										
Tick one			ty & Resil	ience	Please describe the project in the table below					
☐ Disaster Recovery					Disaster declaration:					
Project Description			Objective or outcome					Estimated cost/quote		
Please cont	act yc	our Regional Manager	for assista	nce						



Loan amount sought (see Policy Guidelines (Loans - Dairy

Farmers Milk Co-operative (dfmc.org.au) for further
information/maximum amount that may be borrowed)

Repayment options: even monthly deductions from Milk Payments over (tick one/enter details):								
For 1-year contracts:								
☐ Current contract end date								
□ Other								
For multi-year contracts:								
☐ 12 months ☐ Contract End Date ☐ Other								
Are you aware of any major, foreseeable changes to your situation that will lead to changes in the amount able to be deducted from your Milk Payments? If Yes , please provide details below or on a separate sheet:								
Yes / No (circle one)								
DECLARATION: I/we are facing a declared disaster situation or seek to pursue Business Productivity & Resilience opportunity, and wish to apply for a farm loan, as detailed above. I/we have read and agree to the DFMC Farm Loan Policy Guidelines and Terms and Conditions and, particular:								
The DFMC Farm Loan will be used to fund the working capital and operational expenses of the dairy farm business and will not be used wholly or predominantly for personal, household, or domestic purposes.								
I/we irrevocably authorise DFMC to deduct or set off from any moneys payable by DFMC to me/us, any amount payable by DFMC to me/us pursuant to the DFMC Farm Loan Terms and Conditions and to pay those amounts to DFMC.								
Signed: Name:								
Signed: Name:								
Date:/								



All APPLICANTS MUST SIGN ABOVE. If the loan applicant is a company, at least two Directors/Secretary to sign unless sole Director/Secretary; indicate accordingly if this is the case. NOTE: proof of identity/signature may be required, e.g. Drivers Licence.

Send your completed application by email to: robert.goodwin@dfmc.org.au

Or by post to: Robert Goodwin

Finance Manager

Dairy Farmers Milk Co-operative

PO Box 4132

Geelong Vic 3220