

DETAILS REQUIRED FOR s109 LOAN FACILITY AGREEMENT

1. Client and Delivery Instructions

Date Required By: _____

TO: MELLOR OLSSON Lawyers 80 King William Street Adelaide SA 5000	FROM: _____ Delivery _____ Address _____ _____
Ph: 8414 3521 Fax: 8414 3455	Ph: _____ Fax: _____
Att: _____	Att: _____

1. Party Details

1.1 Name of Client: _____
1.2 Address of Client: _____ P/C _____
1.3 Company: _____ ACN _____ Address: _____ P/C _____
1.4 Borrower: _____ Address: _____ P/C _____

2. Loan Details

2.1 Amount: \$ _____ (if known) or Amount Due at Balance Date <input type="checkbox"/>
2.2 Interest Rate: _____ % (if known) or Benchmark Rate <input type="checkbox"/>
2.3 Term and Security 25 years <input type="checkbox"/> if Real Property Mortgage Address: _____ P/C _____ 7 years <input type="checkbox"/> if any of Chattel Mortgage <input type="checkbox"/> Guarantee <input type="checkbox"/> Unsecured <input type="checkbox"/>
2.4 Guarantor: _____ Address: _____ P/C _____

3. Directors

3.1 Name: _____ Single Director <input type="checkbox"/>
3.2 Name: _____
3.3 Name: _____
3.4 Name: _____