

# Australian Military Forces Relief Trust Fund (AMFRTF) Application for Loan

**Loan type**

<input type="checkbox"/> Relief	<input type="checkbox"/> General purpose	<input type="checkbox"/> Commanding Officer's
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**Section 1 - To be completed by all applicants**

Family name	Given name(s)	Service number	PMKeyS number	Rank
Posted unit address		Posted unit phone number	Date service commenced	
Date of birth	Home phone number	Mobile phone number	Email address	
Private address				
Date of marriage <i>(If applicable)</i>	Spouse's name		Spouse's employment details	
Children <i>(Sex and age)</i>		Other dependants		

**Applicant's bank account details**

Account name	Bank or Credit Union	Branch	BSB number	Account number
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**Details of loan request**

Amount of loan sought	Fortnightly repayments
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**NOTE:** Refer to AMFRTF website for loan amounts offered and repayment calculator.

Details and/or reasons for loan

**Names and addresses of two relatives NOT living with you**

<p><b>Relative 1</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Name</td></tr> <tr><td style="height: 60px;">Address</td></tr> <tr> <td style="width: 50%;">Phone number</td> <td style="width: 50%;">Relationship</td> </tr> </table>	Name	Address	Phone number	Relationship	<p><b>Relative 2</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Name</td></tr> <tr><td style="height: 60px;">Address</td></tr> <tr> <td style="width: 50%;">Phone number</td> <td style="width: 50%;">Relationship</td> </tr> </table>	Name	Address	Phone number	Relationship
Name									
Address									
Phone number	Relationship								
Name									
Address									
Phone number	Relationship								

Have you received prior assistance from the AMFRTF?

Yes     No

Please provide details

Have you ever been bankrupted?

Yes     No

Please provide details

**Section 1 - To be completed by all applicants (Continued)**

<b>Statement of fortnightly income and expenditure</b>			
Fortnightly income		Fortnightly expenditure	
Source	Amount	Expense	Amount
Applicant's gross		Mortgage and/or rent	
Spouse's gross		Rates	
Family assistance		Education expenses	
Rental income		Debt repayments	
Pensions		Car expenses and fares	
Other income (Specify below)		Household expenses	
		Taxes (including spouse's)	
		Superannuation	
		Medical and dental	
		Utilities	
		Insurances	
		Other expenses	
<b>Total</b>		<b>Total</b>	
		<b>Fortnightly income minus expenditure:</b> <input style="width: 100px;" type="text"/>	
<b>Statement of assets and liabilities</b>			
Assets		Liabilities	
Set out values of what is owned or part-owned by you and your dependants	Amount	Give details of debts - ie amount outstanding on loans and repayment amounts	Repayments per fortnight
			Total outstanding
Cash in banks etc		Mortgage(s) on property	
Investments		Other mortgages	
Stocks and shares		Bank overdraft	
Furniture and personal effects		Personal loans	
Domestic and recreational vehicles		Car loan	
Residence		Bankcard and credit card(s)	
Real estate (Specify)		Consumer credit	
Other assets (Details)		Any other debts	
<b>Total</b>		<b>Total</b>	
<b>Declaration</b>			
I do solemnly declare that the statements detailed in this application are to the best of my knowledge and belief true in every particular.			
Applicant signature	Date	Witness signature	

**Section 2 - To be completed by applicant's Commanding Officer/Officer Commanding**

Comments				
<p>Recommended  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Certification  I, being the Commanding Officer or Officer Commanding of the aforementioned applicant applying for a loan from the AMFRTF, hereby certify, that in my opinion the applicant's service record and conduct hitherto have been satisfactory and that the applicant's management of personal affairs and standing as a member of the Australian Military Forces are such that in the ordinary course of military affairs it is improbable that the applicant's discharge on any of the grounds mentioned in sub-paragraph 1, (l), (n) or (q) of Australian Military Regulation 176 will be considered by any authority competent to discharge the applicant from such forces.</p>				
<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 30%; height: 30px; vertical-align: bottom;">Signature</td> <td style="border: 1px solid black; width: 30%; height: 30px; vertical-align: bottom;">Printed name</td> <td style="border: 1px solid black; width: 20%; height: 30px; vertical-align: bottom;">Appointment</td> <td style="border: 1px solid black; width: 20%; height: 30px; vertical-align: bottom;">Date</td> </tr> </table>	Signature	Printed name	Appointment	Date
Signature	Printed name	Appointment	Date	

**Section 3 - Loan agreement and indemnity (To be completed by applicant)**

Date	Service number or PMKeyS number	Rank	Name of borrower
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I, \_\_\_\_\_ acknowledge, that subject to the approval of the Trustees of the AMFRTF of my application, I agree to the following terms and conditions:

1. The total sum repayable is \_\_\_\_\_ consisting of the amount loaned of \_\_\_\_\_ together with a charge of \_\_\_\_\_ and I hereby authorise the Director, Defence Force Pay, to deduct from my fortnightly pay and remit to the Trustees of the AMFRTF, the sum of \_\_\_\_\_ up to a maximum aggregate sum of \_\_\_\_\_. Should I be discharged whilst indebted to the AMFRTF, I authorise the Director, Defence Force Pay, to pay to the Trustees of the AMFRTF the balance of these loan moneys from all moneys which may be payable to me on discharge which amount shall not in the aggregate exceed the original indebted amount of \_\_\_\_\_. I acknowledge that all payments made in accordance with this authority shall be deemed to be payments received by me personally and I therefore agree to release, indemnify and forever hold free the Commonwealth of Australia from all claims, suits, proceedings and actions in respect of moneys due or become due to me by way of salaries and allowances. I am aware that the charge applied, to defray administrative costs and ensure the long term maintenance and viability of the Fund, is not refundable in the event of an early payout of the loan.
2. If I proceed on a period of Leave Without Pay (LWOP) during the currency of my loan I undertake to make prior arrangements with and to the satisfaction of the Secretary to the Trustees in respect of the repayment of the loan.
3. If I default on any fortnightly repayment I understand that the Trustees may require repayment in full immediately.

I certify that I have read and understand the above conditions.

Applicant signature	Date	Witness signature
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**Section 4 - Decision by Regional Committee or Trustees**

This application is:

Approved     
  Not approved     
  Referred to Trustees (*Attach minute with comments and recommendation*)

Comments

Trustee or Regional Committee member 1	
Signature	Date

Trustee or Regional Committee member 2	
Signature	Date

Trustee or Regional Committee member 3	
Signature	Date

Payment details

Date loan paid	Loan amount	repayable in	Number of instalments	instalments of	Fortnightly amount
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Signature of the Secretary to the Trustees	Date
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