## Notification of change of members (Directors/Shareholders/Officeholders) v3 6/9/2024

Complete this form to notify the Queensland Rural and Industry Development Authority (QRIDA) of change of Directors/Shareholders/ Officeholders of an entity which holds a COVID-19 Jobs Support Loan account.

Section 1 - Borrower's details (please complete all details)					
Borrower name					
Borrower ABN					
QRIDA loan account number					
Section 2 - Resigning member (Direct	or/Shareholder/Officeholder)	) details			
Name (Member 1)					
Name (Member 2)					
Name (Member 3)					
Name (Member 4)					
Name (Member 5)					
Section 3 - New member (Director/Shareholder/Officeholder) details					
Please provide contact details of memb	pers below.				
Name (Member 1)				Date of birth	
Address					
Number and street name		Suburb		State	Postcode
Landline	Mobile		Email		
Position (e.g. Director/Shareholder/Pr	esident/Secretary)				
Name (Member 2)				Date of birth	
Address					
Number and street name		Suburb		State	Postcode
Landline	Mobile		Email		
Position (e.g. Director/Shareholder/President/Secretary)					





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Section 3 - New member (Director/Sna	Section 3 - New member (Director/Shareholder/Officeholder) details (continued)					
Name (Member 3)				Date of birth		
Address						
Number and street name		Suburb		State	Postcode	
Landline	Mobile	Е	mail			
Position (e.g. Director/Shareholder/President/Secretary)						
Name (Member 4)				Date of birth		
Address						
Number and street name		Suburb		State	Postcode	
Landline	Mobile	Е	mail			
Position (e.g. Director/Shareholder/President/Secretary)						
Name (Member 5)				Date of birth		
Address						
Number and street name		Suburb		State	Postcode	
Landline	Mobile	Е	mail			
Position (e.g. Director/Shareholder/President/Secretary)						
Section 4 - Authority						

If your business has more than one owner, director or trustee, at least two of these must sign below.

Please accept this as an authority to action the above request.

In signing below, I/we are acknowledging and/or consenting to each of the matters indicated above:

Borrower	Signature	Name	Position	Date
One				
Two				
Three				
Four				
Five				
Six				

## **Submitting this form**

Please submit this completed request form to QRIDA by emailing it to jobsupportloan@qrida.qld.gov.au

## **Enquiries**

If you require assistance with completing this form please contact QRIDA on **1800 623 946.** 

## Your privacy

QRIDA recognises that your privacy is important and is committed to protecting the personal information we collect from you. For more information about how we collect, use, disclose and otherwise manage personal information about you, please see QRIDA's privacy policy on its website at qrida.qld.gov.au/privacy. QRIDA also complies with the *Human Rights Act 2019* (Qld) when making any decision, including with respect to collection, use and disclosure of personal information.