



Upgrade Application Form

MBFF Reference Number -

MBFF Office Use Only:

Received _____ / _____ / _____

Sent to Assessor _____ / _____ / _____

1. Business Information

1. Applicant Name:

2. Trading Name (If different from Applicant Name):

2. Additional Cover requested to:

1. Work Requiring Cover (If this does not equal your total estimated work for next year, please describe below)

Type of Work:	No. homes requiring cover	Estimated Contract Value
Speculative New Homes	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>
Contract New Homes	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>
Extensions or renovations	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>
Project Management	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>

3. Credit References

Please provide the names of your THREE LARGEST SUPPLIERS or someone we can contact to confirm your credit status:

1. Supplier:	2. Account Number:	3. Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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4. Working Capital Statement

All information disclosed must be up to date and less than 3 months old.

	No. Projects	No. Homes	Total Contract Value
1. Projects you are currently working on:			\$
2. Date of this current working capital balance:			
3. Business assets (excluding tools and equipment):			
Cash - actual bank balance from your statement			\$
Trade Debtors (exclude \$ owing from related parties)			\$
Work in progress (but not yet billed)			\$
All Other - give details			\$
			\$ TOTAL
4. All business liabilities (what you owe):			
Bank Overdraft			\$
Your overdraft limit			\$
Amounts owed to Suppliers			\$
Amounts owed to Sub-Contractors			\$
Any amounts to be repaid within one year			\$
Tax Payable (include GST, income tax and PAYG)			\$
All Other - give details			\$
			\$ TOTAL

5. Personal Asset Statement

Only complete if your annual turnover is less than \$1,500,000. Please complete for all principals.

Name:	Assets owned jointly (with a spouse or other) should be included		
ASSETS	AMOUNTS OWING		
Residence at	\$	Loan with	\$
Property 2 at	\$	Loan with	\$
Property 3 at	\$	Loan with	\$
Property 4 at	\$	Loan with	\$
Vehicle 1	\$	Loan with	\$
Vehicle 2	\$	Loan with	\$
Vehicle 3	\$	Loan with	\$
Cash at Bank with	\$	Credit Card Limit	\$
Household Items	\$	Personal Finance	\$
Shares - Listed Companies	\$	Finance with	\$
Other	\$	Finance with	\$
Other	\$	Finance with	\$
TOTAL	\$	TOTAL	\$

Any other information relevant to assessing your personal financial position not included in the above:

6. Signature

I certify that the above information is complete, true and correct

Declaration made by (name):

Date:

Signed: