

Industry Growth Program Accountant declaration

Applicant's name	
Applicant's ABN	
Role of person making declaration	[e.g. Accountant or Chief Financial Officer (CFO)]
Name	
Contact details	
Qualification	<input type="checkbox"/> Certified Practicing Accountant (Australia) <input type="checkbox"/> Chartered Accountants Australia and New Zealand <input type="checkbox"/> Institute of Public Accountants (Australia)
Active Membership number	

I declare that I have no conflict of interest with [applicant name].

On the basis of the evidence [applicant name] has supplied to me, I can confirm that [applicant name] meets the financial and trading eligibility requirements as specified in the [grant program name] grant opportunity guidelines.

On the basis of the evidence [applicant name] has supplied to me, I can confirm that [applicant name] has the ability to meet its share of any relevant funding obligations as stated in the application form.

Signature

Signed on this day of 20