# Australian Centre for Quantum Growth

# Accountant Declaration

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| --- | --- |
| Applicants Name |  |
| Applicants ABN |  |
| Role of person making declaration | [e.g. Accountant or Chief Financial Officer (CFO)] |
| Name |  |
| Contact details |  |
| Qualification | Chartered Accountant  Certified Practicing Accountant  CPA Australia  Chartered Accountants Australia and New Zealand  Institute of Public Accountants |
| 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