



CATHOLIC DEVELOPMENT FUND

39 WAKEFIELD STREET (GPO BOX 1364) ADELAIDE SA 5001
PH: 8210 8210 FAX: 8224 0340

Loan Application

Date: / /

Organisation Name: _____

Amount Required: _____ CCES A/c No: _____

Brief Description of Loan Purpose: _____

Are the Properties involved owned by CCES Inc? _____

If Not, What security is available for CCES Inc. for the purpose of this loan?

Supporting documentation required for this loan application:

1. Audited Financial Statements for the past two years.
2. Financial plan/forecast for the next five years.

Application made on behalf of the above named organisation by:

Name: _____

Signature: _____

Title: _____

Name: _____

Signature: _____

Title: _____