LOAN DRAW DOWN REQUEST

Date of draw down: / /

FROM

Name of account:

Loan account number:

Amount: $

TO *

Name of account:

Account number:

(*Funds must be transferred to a DDF account)

Is this the final drawdown? Yes ☐ No ☐

SIGNATURE(S)

Signed: (Must be a current authorised signatory)

Name:

Date: / /

PLEASE FORWARD COMPLETED FORM TO:

Diocesan Development Fund

In Person: 170 William Street
Rockhampton Q 4700

Mail: PO Box 611
Rockhampton Q 4700

Email: ddf@rok.catholic.net.au

OFFICE USE ONLY		
Date received:	Approved:	Processed: