# Industry Growth Program

# Accountant declaration

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