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Catholic Development Fund Level 15, Polding Centre 133 Liverpool Street, Sydney NSW 2000 Tel: (02) 9390 5200 Email: enquiries@sydneycdf.org.au



LOAN DRAWING REQUEST

Account Name:				Loan No:		
Drawing	Requested:	\$		dollars	(Amount in words)	
Disbursement Instructions – Please tick and complete						
	Credit Accour in the name o					
2.	Credit Accour	nt No:				
	in the name o	f				with CDF
	Issue cheque And post to	in favou	ır of			
4.	Other Instruct	ions:				
Signed on Behalf of:						
By (Authorised Signatures) x x						
Attachments (As Applicable)						
Builders Account/Invoice						
A	rchitects Cert	ificate				
S	uppliers Invoi	се				
0	Other – As required by Loan Agreement					
N	o Attachment	S				