

Application for Musical Theatre NZ- Capital Assistance Fund Loan

Name of Society	
Address	
Address	
Town/City	
Contact Person	
Designation	
Telephone	
Fax	
Email	
Approximate Total Cost of Proposal	
Amount Applying for from the Capital Assistance Fund	
Are there any other sources of income for this project?	
Repayment structure	Five years Seven years
Background (Please provide in full detail information as to why your society is applying for a Capital Assistance Fund loan)	

Background continued

Quotations	Please attach formal quotations from two suppliers outlining cost of equipment, the purpose it is to be used for and price.
Supplier	Total Cost: \$ _____
Supplier	Total Cost: \$ _____

Repayments

This will be agreed upon between the Society and the Capital Assistance Fund Management team once the loan has been approved.

Interest Rates

If no contributions have been made, interest will be 5% per annum.
 For each year that contributions have been made during 10 calendar years prior to application, the interest rate reduces by 1%.
 Please check with the MTNZ Administrator regarding contribution status.

Annual Accounts

Please make sure you include a copy of your audited annual accounts with this application.

Please forward this application with a covering letter on your society letterhead signed by either society President, Treasurer or Secretary to:

The Administrator
 Capital Assistance Fund
 PO Box 1413
 WELLINGTON

If you have any questions regarding this application form, please contact your Zone Representative or any member of the Capital Assistance Fund Management Team.