

# Australian Centre for Quantum Growth Accountant Declaration

Applicants Name	
Applicants ABN	
Role of person making declaration	[e.g. Accountant or Chief Financial Officer (CFO)]
Name	
Contact details	
Qualification	<input type="checkbox"/> Chartered Accountant <input type="checkbox"/> Certified Practicing Accountant <input type="checkbox"/> CPA Australia <input type="checkbox"/> Chartered Accountants Australia and New Zealand <input type="checkbox"/> Institute of Public Accountants
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