

5 Will significant financial hardship be caused for you because of the cost of financing the fuel arising from the claim period being three monthly? (Please mark X in the appropriate box)

Yes - please attach information that supports your claim of significant financial hardship

No

Part D - Declaration

I, the licensee, or officer authorised by the licensee, declare:

- I am the licensee, or officer authorised by the licensee to make this application
- the bulk end user licence related to this application has not been suspended or cancelled
- the information provided in this form is true and correct.

Signature (Licensee/Officer authorised by the licensee)

Date

 / /

Name (Please print in full)

Daytime contact number

**Please ensure you have completed the relevant part of this form and signed the declaration.
Penalties apply if you declare false or misleading information.**

**Please return this form to:
Queensland Fuel Subsidy Scheme
GPO Box 953
BRISBANE QLD 4001**

Phone: 1800 814 657

Fax: (07) 3227 8769

The Office of State Revenue is collecting the information on this form to determine your eligibility (if any) under the *Fuel Subsidy Act 1997* for the transactions you have described on this form. Collection of this information is authorised by the *Fuel Subsidy Act 1997*. The information can only be disclosed by the Office to another party in the circumstances outlined in the *Fuel Subsidy Act 1997* and the *Freedom of Information Act 1992*. For further information see our website at www.osr.qld.gov.au

A Portfolio Office of Queensland Treasury