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| --- |
| Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
| Please submit the following information to the Minister (or delegate if approved) in support of your guarantee / indemnity request. |
| Agency details |
| **Name:** |  |
| Agency contact officer details |
| **Name:** |  |
| **Position title:** |  |
| **Division:** |  |
| **Phone number:** |  |
| Legal contact details |
| **Name:** |  |
| **Position title:** |  |
| **Division/Agency:** |  |
| **Phone number:** |  |
| Name of agreement |
|  |
| Is standing approval being sought? | Yes / No |
| List all parties to agreement (not required if standing approval is being sought) |
|  |
| Date of minister endorsement (if applicable) |  / /  |
| Proposed signatory (on behalf of the Territory/agency) |
| **Name:** |  |
| **Position title:** |  |
| What are the objectives of the agreement? |
|  |
| What are the expected benefits to the Territory / agency? |
|  |
| Does the agreement contain a provision for extension? | Yes / No |
| If yes, provide details: |
|  |
| Provide details of the indemnity clause or guarantee |
|  |
| **Risk assessment** |
| Outline the risk assessment undertaken by the agency (including whether the risks are to be mitigated through commercial insurance arrangements). |
|  |
| **Risk assessment outcome** (for example, low, medium, high) |
|  |
| Further informationPlease direct any queries to Department of Treasury and Finance: Commercial.DTF@nt.gov.au |
| End of form |