|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 information Please direct any queries to Department of Treasury and Finance: [Commercial.DTF@nt.gov.au](mailto:Commercial.DTF@nt.gov.au) | | | | | |
| End of form | | | | | |