



**uniting
church**
in Australia,
Synod of NSW & ACT

Purchase Application Form

Title	Purchase Application Form
Version	V5
Last Revised	24/03/2016
Approved by	
Approval date	

Purchase Application Form

The legal title in all property is vested in The Uniting Church in Australia Property Trust (NSW) or The Uniting Church in Australia (ACT) Property Trust (“**Property Trust**”)

This Purchase Application Form must be completed as part of the process to apply for Synod Office approval to purchase a property vested in the Property Trust.

The approval of the Church Council and Presbytery is required prior to sending this application form to Uniting Church NSW and The ACT Synod Office - Synod Operations, at the following address:

Uniting Church NSW and The ACT Synod Office - Synod Operations

PO Box A 2178, Sydney South, 1235 Email: Property@nswact.uca.org.au

1. Eventual Beneficial User

- a) Congregation:
- b) Presbytery:
- c) Uniting Church entity:
- d) Contact name:
- e) Position:
- f) Address:
- g) Email:
- h) Phone:
- i) Mobile:

2. Property Location and Description

a) Address (If known) and type of property to be purchased:

.....
.....

b) Intending suburbs of property to be purchased:

.....
.....

3. Reasons for Purchase

Please advise briefly the reason for seeking to purchase this property.
How will this purchase complement your mission and strategic plan?

.....
.....
.....
.....
.....
.....
.....

Current Financial Position and Project Budget

4. Current Financial Position

Deposits and investments:

- a) Cash in hand: \$.....
- b) Sales proceeds: \$.....
- c) Pre-approval loan: \$.....
- d) Other: \$.....
- Total:** \$.....

Loan liabilities:

- e) Outstanding loan principal: \$.....
- f) Other: \$.....
- Total Project Budget:** \$.....

5. Available Funds for Purchase

- a) Cash in hand: \$.....
- b) Sales proceeds: \$.....
- c) Fundraising (to be raised): \$.....
- d) Grants applied for: \$.....
- e) Grants approved: \$.....
- f) Loans applied for: \$.....
- g) Loans approved: \$.....
- h) Other funding applied for: \$.....
- i) Other funding approved: \$.....
- j) Total approved funds (Including GST if applicable) \$.....
- k) Total funds applied for (Including GST if applicable) \$.....
- l) Shortfall in funding \$.....

6. Approvals

We hereby certify that at a meeting of the
duly convened in accordance with The Uniting Church in Australia Regulations.

The meeting was held on the day of in the year.....,

and the following resolution was passed:

.....
.....
.....

Please complete the relevant approval sections

CHURCH COUNCIL APPROVAL

Name of Church Council:

I am authorised to sign this document as a member of the Church Council. Please note, authorised representatives of Church Council to sign below.

Signed:

Signed:

Date:

Date:

Name:

Name:

Position:

Position:

PRESBYTERY APPROVAL

Name of Presbytery:

I am authorised to sign this document on behalf of Presbytery in accordance with The Uniting Church in Australia Regulations.

Signed:

Date:

Name:

Position:

UME APPROVAL

Name of UME area:

I am authorised to sign this document in accordance with Uniting Mission & Education's delegations.

Signed:

Signed:

Date:

Date:

Name:

Name:

Position:

Position:

SCHOOL APPROVAL

Name of School:

I am authorised to sign this document in accordance with Uniting Mission & Education's delegations of authority. Please note, authorised representatives of UME to sign above.

Signed:

Signed:

Date:

Date:

Name:

Name:

Position:

Position:

UNITING NSW.ACT APPROVAL

Name of Uniting NSW.ACT:

I am authorised to sign this document in accordance with Uniting NSW.ACT's delegations.

Signed:

Signed:

Date:

Date:

Name:

Name:

Position:

Position:

Documented in Uniting's approved 10 year capital plan (2020 – 2030)

Not documented in Uniting's approved 10 year capital plan
(2020 – 2030)

*Attach appropriate resolution/approval for request not documented in
Uniting's 10 Year capital plan (2020-2030)*

Signed by Director

SYNOD OFFICE APPROVAL

I am authorised to sign this document in accordance with Synod Office delegations.

Signed:

Signed:

Date:

Date:

Name:

Name:

Position:

Position:

Please note: a conditional consent letter from Synod Office is required to proceed with a purchase