

Document Name: ACA Affiliated Committee Starlink Loan Agreement

Document Number: EXT085

Version	Date Approved	Approved By	Brief Description
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ACA Affiliated Committee Starlink Loan Agreement

Parties

Parties included in this agreement are defined as the 'Lender', 'Borrower' and 'Committee Co-Signer':

- Lender
 - Name: Australian Campdraft Association Inc.
 - Address: PO Box 18189, Clifford Gardens, QLD 4350
 - Email: aca@campdraft.com.au
 - Phone Number: 07 4622 3110
- Borrower (ACA Affiliated Committee Secretary/Representative)
 - Name:
 - Address:
 - Email:
 - Phone Number:
- Committee Co-Signer (ACA Affiliated Committee Treasurer/Representative)
 - Name:
 - Address:
 - Email:
 - Phone Number:

Agreement

The Lender will provide a Starlink, complete with all ancillary components for the period leading up to and the duration of the Borrower's ACA affiliated campdraft where Campdraft One is used as the nomination platform at the expense of the Lender.

Following the Borrower's ACA affiliated campcraft, the Borrower will return the Starlink via post in accordance with timeframe outlined in the *'Responsibilities'* portion of this document.

Responsibilities

Responsibilities for all parties are detailed below.

- Lender
 - Provide a copy of this agreement for the Borrower to sign.
 - Conduct an inspection, ensuring the Starlink and ancillary components are fully functional and free from non-cosmetic damage prior to posting the reply-paid package.
 - Document any cosmetic damage on the condition report, which will be contained in the reply-paid package along with instructions and login information.
 - Coordinate the posting of a Starlink in a reply-paid package to the Borrower prior to the start of the ACA affiliated campdraft as detailed in the 'Section A' of this document.
 - Once posted, provide the Borrower with a 'Tracking Number' for the reply-paid package.
 - Conduct an inspection upon receipt from the Borrower returning the Starlink, documenting any damage or missing components.





- If any components are lost or damage, the Borrower is to be informed within twenty-four (24) hours of the inspection being conducted.
- Borrower
 - Complete and sign the 'Parties', 'Section A' and 'Section B' of this agreement.
 - Submit agreement to the Lender within forty-eight (48) hours of this agreement being sent.
 - Upon receipt of the reply-paid package, conduct an inspection ensuring the Starlink and ancillary components are fully functional and free from non-cosmetic damage.
 - Provide the Lender with a copy of the completed condition report within forty-eight (48) hours or receipting the pre-paid package via email.
 - Complete and enclose a condition in the reply-paid package.
 - Post the reply-paid package no later than forty-eight (48) hours of the conclusion date of the ACA affiliated campdraft as detailed in *'Section A'* of this agreement.
 - Provide the Lender with the 'Tracking Number' no later than forty-eight (48) hours of the conclusion date of the ACA affiliated campdraft as detailed in 'Section A' of this agreement.
- Committee Co-Signer
 - Complete and sign the 'Parties', 'Section A' and 'Section B' of this agreement.

Financial Liabilities

Lender

The Lender is financially liable for the routine postage expenses incurred of this agreement and the ongoing maintenance cost of the subscription required.

Borrower

If the Borrower fails to post the pre-paid reply package or supply the 'Tracking Number' in accordance with the periods detailed in the '*Responsibilities*' portion of this agreement, the Borrower will be financially liable for a full replacement and be invoiced by the Lender for the amount of \$600.00 plus GST.

If the Borrower is found to be responsible for any non-cosmetic damage to the Starlink or ancillary components that results in the Starlink or the ancillary components to be not fully functional, the Borrower will be financial liable for the replacements and will be invoiced by the Lender for the amount of the repair or replacement of the damaged item/s.





Section A

- A. ACA Affiliated Committee Name:
- B. ACA Affiliated Campdraft Start Date: End Date:
- C. You declare you have confirmed the accuracy of the postage address of the ACA Affiliated Committee that is stored on the Committees Campdraft One profile? (circle) YES / NO

Section B

By completing this section, you acknowledge the following points agree to this agreement between the ACA Affiliated Committee you represent below.

As the representative of the ACA Affiliated Committee,, I understand and will be compliant with the responsibilities and requirements of me as detailed throughout this agreement.

I understand that the ACA Affiliated Committee, may be financially liable as described in the 'Financial Liabilities' portion of this agreement.

Borrower Signature:

Borrower Name:

Date:

Committee Co-Signer Signature: Committee Co-Signer Name: Date: