



CI



Transport
Roads & Maritime
Services

If there is insufficient space in any section to provide a full response, please attach extra pages.

APPLICATION DETAILS

Address of Premises you wish to Lease:

Proposed Use Of Premises:

*Net Rental per annum (excl. GST):

Outgoings to be confirmed at a later date.

*WE WILL REQUIRE A BANK GUARANTEE FOR SECURITY UNDER THE LEASE

*WE WILL REQUIRE GUARANTOR(S)

PROPOSED NAME OF LESSEE

Name:

ABN:

Registered Office Address:

Suburb:

Postcode:

Telephone No:

Mobile:

Fax No:

Email:

1ST APPLICANT'S DETAILS

Title: Surname: Given Name(s):

Address:

Suburb:

Postcode:

Telephone No:

Mobile:

Fax No:

Email:

*Driver's Licence No:/ Passport No:

State:

*PLEASE ATTACH A COPY TO THIS APPLICATION

2ND APPLICANT'S DETAILS

Title: Surname: Given Name(s):

Address:

Suburb:

Postcode:

Telephone No:

Mobile:

Fax No:

Email:

*Driver's Licence No:/ Passport No:

State:

*PLEASE ATTACH A COPY TO THIS APPLICATION

PROPOSED GUARANTOR(S) Note: Please enclose written references with your application

Name of Contact:

Mobile No:

Address:

Telephone No:

State:

Property owned by guarantor(s):

Driver's Licence No:

Name of Contact:

Mobile No:

Address:

Telephone No:

State:

Property owned by guarantor(s):

Driver's Licence No:

SOLICITORS DETAILS

Company Name:

Address:

State:

Contact Person:

Email:

Telephone No:

ACCOUNTANTS DETAILS

Company Name:

Address:

State:

Contact Person:

Email:

Telephone No:

BANK DETAILS

Institution Name:

Branch:

Email:

Address:

Telephone No:

Contact Person:

Position:

PROPOSED LESSEE BUSINESS/TRADE REFERENCES

1. Company Name:

Address:

State:

Email:

Telephone No:

Contact Person:

Position:

2. Company Name:

Address:

State:

Email:

Telephone No:

Contact Person:

Position:

3. Company Name:

Address:

State:

Email:

Telephone No:

Contact Person:

Position:

CURRENT LANDLORD REFERENCE

Name of Landlord:

Address:

State:

Landlords Agent:

Agent Contact Person:

Telephone No:

PREVIOUS LANDLORD REFERENCE

Name of Landlord:

Address:

State:

Landlords Agent:

Agent Contact Person:

Telephone No:

BUSINESS INFORMATION

What is the legal business or company name?

Please attach a copy of the Certificate of Registration of Business Name and Company Registration Certificate (if applicable).

What trading name will you use?

What is the ABN/ACN for your business (if applicable)?

Indicate type of business you propose to conduct at the premises:

Please provide full details of the proposed usage and/or products to be sold from this site :

(if insufficient space attach extra page/s)

Are you currently trading in similar type of business?
(If yes, please provide details)

YES

NO

Is this your first business?

YES

NO

Please provide details of your current business activities together with your background and expertise within your industry. If necessary attach details to this application:

Do you have any other business or stores, if yes indicate type and location?

If you have a current business what were the gross sales for the past 3 years?

Year 1 \$

Year 2 \$

Year 3 \$

BUSINESS INFORMATION

Have you ever leased a business premises before?
If yes please provide details:

YES

NO

How do you intend to promote, advertise and improve your business?

Will you occupy and manage the business on site yourself, or will someone run the business for you?

How many staff will be working on the premises?

Full Time

Part Time

Casual

Has any legal action been instigated against you for default under any credit contract within the last 5 years? If yes please supply details:

YES

NO

Have you ever had a judgment entered or a conviction recorded against you, been bankrupt, insolvent, assigned your estate for the benefit of creditors or entered into a scheme or arrangement with any creditor?
If yes please supply details:

YES

NO

PLEASE COMPLETE THE ATTACHED ASSET AND LIABILITY SCHEDULE

I/We declare that the information provided in this application is true and correct and that all reasonable information and details have or will be provided to allow application to be considered.

Name (print):

Signature:

Name (print):

Signature:

Date:

The completion and submission of this application is no assurance that your application will be accepted. We will not be required to provide you with any reason if this application is not accepted. This application does not signify any contractual obligation on either party in respect of the proposed lease.

CHECK THAT YOU HAVE THE FOLLOWING:

- Completed the application form
- Provide a copy of the Company Registration Certificate
- Provide a copy of the Certificate of Registration of Business Name
- Completed the Asset and Liability Schedule
- Copy of Drivers License
- Asset & Liability Schedule to be certified by registered accountant
- Bank Account Statements that reflect the figures from the Asset & Liability Schedule

ASSET AND LIABILITY SCHEDULE

ASSET	\$	\$	LIABILITIES	\$	\$
	App 1	App 2*		App 1	App 2*
Cash @ Bank			Bank Over Draft		
Debtors			Creditors		
Other			Other		
Total			Total		
REAL ESTATE			MORTGAGES		
1.			1.		
2.			2.		
3.			3.		
4.			4.		
Vehicles			Vehicles		
1.			1.		
2.			2.		
3.			3.		
4.			4.		
Other Assets			Other - loans		
Shares					
Other Assets					
Furniture					
TOTAL ASSETS			TOTAL LIABILITIES		
			NET WORTH		
Combined GROSS	WORTH		Combined NET	WORTH	

I/we hereby certify that the above statement is true and correct and that all of the Assets and Liabilities listed above are owned personally by me/us.

[Redacted Signature Line]

Name (Print):

Signature:

Date:

[Redacted Signature Line]

Name (Print):

Signature:

Date: