



# **New Tenant Application Form**

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

APPLICATION DETAILS	
Address of Rental Premises applying for:	
Proposed Rent Amount (ex GST):	Estimated Fit-Out Costs (ex GST):
APPLICANT DETAILS	
Business Name:	
Type of Entity applying:	
Registered Office address (if applicable):	
CONTACT PERSON DETAILS	
Surname:	Given Name:
Address:	
Suburb:	Postcode:
Phone:	Mobile:
Email Address	

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1 <sup>ST</sup> APPLICANT OR DIRECTOR'S DETAILS				
Title:	Surname:	Given Name	::	
Address:				
Suburb:		Postcode:		
Phone:		Mobile:		
Email Address				
Drivers Licence/Passport No:			State:	
2ND A DDI ICANIT OD DU	DECTORIS DETAILS			
<b>2<sup>ND</sup> APPLICANT OR DII</b> Title:	Surname:	Given Name	··	
TICC.	Surriarrie.	Olvermanie		
Address:				
Suburb:		Postcode:		
Phone:		Mobile:		
Email Address				

**Note:** Please attach a photocopy of your current drivers licence and/or passport. Documents must be certified in accordance with the Information memorandum. Where applicable, Company Directors will be by default be guarantors of the lease / licence should the application be successful.

State:

Drivers Licence/Passport No:

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## **BUSINESS INFORMATION**

Traclina Nama va va villa			
Trading Name you will u	ise:		
<b>Note:</b> Attach a copy of the Certif	ficate of Registration of Business	Name and Company Registration Cert	ificate (if applicable).
ABN for the business:		ACN for the business (if a	pplicable):
Type of business:			
Note: If it is a retail business, plea	ase select one of the Retail shop	businesses in the Retail Lease Act.	
Please provide full detai	ls of proposed usage ar	nd the products/services to b	pe sold:
<b>Note:</b> It is important that you proproducts offered will be closely r		roper consideration. For retail premises	, the tenancy mix and the
		ousiness (regarding fit-out an	d/or services)?
What is your expected t	imeframe for occupation	on and trading?	
<b>Note:</b> You need to allow reasona refer to TAFE NSW's tenancy fit-		l and TAFE approval of fit-out plans. Fo	r retail premises please
Will you occupy and ma	nnage the business your	self, or will someone run the	business for you?
Will you have other staf	f working at the premis	es? How many?	
Full-time	Part-time	Casual	

How do you intend to promote and advertise your business to improve sales? Do you have a business plan?

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## **EVIDENCE OF EXPERIENCE**

**Note:** You need to provide sufficient information to show that you have reasonable experience, knowledge and skill to successfully operate the proposed type of business.

What operating experience do you have in a similar type of business? Please provide details (e.g. type of business, trading name, number of years trading) etc:

Please provide details of your business experience:		
Do you have any other businesses or stores? If YES, indicate type of business and location:	Yes	No
Have you ever leased a property from TAFE NSW before? If YES, please provide details):	Yes	No
Has any legal action been taken against you, or your co-applicants, for default under any credit contract within the last 5 years?	Yes	No
Have you, or your co-applicants, ever had a judgement entered or a conviction recorded against you, been bankrupt, insolvent, assigned your estate for the benefit of creditors or entered into a scheme of arrangement with any creditor? If YES, please provide details:	Yes	No

Disclosures — Please provide us with information regarding any past or current convictions under Australian Law:

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LANDLORD/TRADE REFERENCES **Note:** Please enclose written references with your application. Name of Contact 1: Address: State: Phone: Company Name: Name of Contact 2: Address: State: Phone: Company Name: Name of Contact 3: Address: State: Phone: Company Name: **BANK DETAILS** Institution Name:

BSB: Account No:

Address: State:

Contact Person: Phone:

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## **SOLICITOR'S DETAILS**

Company Name

Address:			State:
			Phone:
Contact Person:			
RETAIL/BUSINESS PLAN  Please provide us with your budg brief summary of your experience			
Provide financial projections rega	rding the business.		
Anticipated Annual Turnover:	Year 1		
	Year 2		
	Year 3		
Proposed retail value of stock on (approx.):	hand		
Proposed cost of new shop fitout	works:		
Are you borrowing money for the	e business?	Yes	No
If YES, please specify the amount	<del>:</del> :		
Bank/Finance company:			
Branch:			
The sale price of the business ma	de up as:		
	Goodwill		
	Stock		
	Fitting/Fitout		

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## **ASSETS & LIABILITY SCHEDULE**

ASSETS	\$	\$	LIABILITIES	\$	\$
	App 1	App 2		App 1	App 2
Cash in 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	

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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.

1 <sup>ST</sup> APPLICANT	
Name:	Signature
Date:	
2 <sup>ND</sup> APPLICANT	
Name:	Signature
Date:	

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### **DISCLAIMER**

The completion and submission of this application is no assurance that your application will be accepted. TAFE NSW 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/licence.

#### **DECLARATION**

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 the application to be considered.

In completing, signing and submitting this application I/we allow CI Australia to conduct a credit check for the purpose of leasing a tenancy.

I/we have read and understood the following documents:

Information memorandum and Information Pack including Lessor Disclosure Statement

Standard Lease / License Agreement

1 <sup>ST</sup> APPLICANT OR DIRECTOR	
Name:	Signature
Date:	
1 <sup>ST</sup> APPLICANT OR DIRECTOR	
Name:	Signature
Date:	

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## BEFORE YOU SUBMIT THIS APPLICATION, YOU MUST CHECK THAT YOU HAVE:

Provided a copy of the Certificate of Registration of Business Name and a copy of the Company Registration Certificate (if applicable)

• Provided the latest Profit & Loss Statement & Balance sheet for your business, or

Completed and signed the application form, including the Assets and Liability Schedule

- Provided the latest Profit & Loss Statement & Balance sheet for your business, or completed the Financial Schedule within the application form. In either case the document(s) must be certified by a Certified Practising Accountant (CPA) with supporting information such as bank statements etc.
- If applicable, provided a copy of the Audit Certificate

Provided a photocopy of either your Drivers Licence and/or Passport. In either case the document must be certified in accordance with the Information Memorandum. (This applies to all directors of the company, if applicable.)

Provided written references

Provided copies of last year's Income Tax Return(s)

Provided copies of utility account statements

**Note:** All supporting information must be included, such as bank statement(s), mortgage statements, etc. This applies to all applicants, and if applicable, for both the company and director(s).

Quality of supporting information will determine the chances of your application being approved.

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