

APPLICATION TO LEASE

Thank you for your enquiry regarding occupying space at one of the Stockwell shopping centres. In order to maintain the high standards of the Centre and to prepare Lease documents, you are required to complete and sign the following Application, and return it with your signed Letter of Intention to Lease.

1. PROPOSED LESSEE NAME (SOLE TRADER, PARTNERSHIP, COMPANY):

_____ ABN: _____

2. PROPOSED LESSEE ADDRESS (RESIDENTIAL / REGISTERED OFFICE IF A COMPANY):

Contact Name: _____ Contact Role: _____
 Telephone: _____ Email: _____

3. CURRENT TRADING NAME (IF APPLICABLE):

4. PREFERRED METHOD OF CONTACT

(Please tick appropriate box).

Phone Text Email

If by phone, please advise preferred time of day: _____ AM / PM

5. PERCENTAGE OF SALES YOU WOULD EXPECT TO COMMIT ANNUALLY TO ADVERTISING YOUR STORE IN THE CENTRE: _____ %

6. TOTAL COST OF FITOUT & SETUP OF THE NEW BUSINESS:

The funds necessary to meet the total fitout and stock would be: \$ _____

These funds would be secured as follows:

-	Cash	\$	
-	Loan Funds (state source) _____	\$	
-	Leasing	\$	
-	Other	\$	
	TOTAL	\$	

7. YOUR INDEPENDENT ESTIMATED TURNOVER FOR YOUR FIRST 12 MONTHS:

Estimate average Sales per Customer: \$ _____
 \$ _____

8. WILL YOU BE MANAGING THIS BUSINESS YOURSELF, OR APPOINTING A STORE MANAGER?

(Please tick appropriate box).

Managing Self

Appointing Manager

9. WHAT DO YOU ANTICIPATE THE STORE'S STAFFING REQUIREMENTS TO BE?

No. of Full-Time: _____ Part-Time: _____ Casual: _____
 Percentage of Wages to Sales: _____ %

10. BRIEF BUSINESS HISTORY (SNAPSHOT):

11. BUSINESS REFERENCES:

a) Name of Contact: _____
 Address: _____
 Company: _____
 State: _____ Postcode: _____
 Telephone: _____ Email: _____

b) Name of Contact: _____
 Address: _____
 Company: _____
 State: _____ Postcode: _____
 Telephone: _____ Email: _____

As you would appreciate, for us to enter into a business arrangement with you, it will be necessary to contact all referees noted above. We suggest that you mention to your referees that we will be contacting them shortly.

12. BANKERS DETAILS:

Branch Address: _____

Manager: _____ Telephone: _____

13. SOLICITORS DETAILS:

Name of Contact: _____

Address: _____

Company: _____

State: _____ Postcode: _____

Telephone: _____ Email: _____

14. FULL NAMES AND ADDRESSES OF DIRECTORS (IF PROPRIETARY LIMITED COMPANY):

a) Full Name: _____

Residential Address: _____

Postcode: _____ Telephone: _____

D.O.B: _____ Email: _____

b) Full Name: _____

Residential Address: _____

Postcode: _____ Telephone: _____

D.O.B: _____ Email: _____

15. COMPANY STRUCTURE (WHETHER FORMED YET OR PROPOSED TO BE FORMED):

a) Date of Incorporation: _____ State Incorporated: _____

b) No. of Shareholders: _____

c) Authorised Capital:
_____ shares at a nominal value of \$ _____ each.

d) Issued Capital:
_____ shares of \$ _____ each paid to \$ _____ per share.

PLEASE NOTE:

Please attach a copy of your Company's last Annual Report or Profit and Loss Statement and Balance Sheet to this application.

Please attach photographs if you feel it may assist your submission.

16. ASSETS AND LIABILITIES SCHEDULE

Please complete the below Assets and Liabilities schedule for each Personal Guarantor. A Personal Guarantee is (for a company lessee) required from each director shareholder.

NAME: _____
 ADDRESS: _____
 CONTACT NO. _____ D.O.B. _____

ASSETS		LIABILITIES	
CURRENT:		CURRENT:	
Cash at Bank _____		Bank Overdraft _____	
I.B.D.'s _____		Creditors _____	
Debtors _____		Other _____	
Other _____			
TOTAL CURRENT	\$	TOTAL CURRENT	\$
Assets - Real Estate (Accurate Addresses for each asset)		Undischarged Mortgages	
1. _____		1. _____	
2. _____		2. _____	
3. _____		3. _____	
4. _____		4. _____	
<u>Assets - Vehicles:</u>		<u>Debt Owning on:</u>	
1. Cars _____		1. Cars _____	
2. Light Commercial _____		2. Light Commercial _____	
3. Heavy Commercial _____		3. Heavy Commercial _____	
4. Other _____		4. Other _____	
<u>Other Assets:</u>		<u>Other Liabilities:</u>	
Stock in Trade _____		Trade Creditors _____	
Furniture _____		Bills Payable _____	
Chattels _____		Taxation: _____	
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
Total Assets	\$		
Less Total Liabilities	\$		
Net Worth	\$		

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

Signed: _____ Dated: _____
 Signed: _____ Dated: _____

STATEMENT

We acknowledge that this preliminary application does not signify any contractual obligation on either party in respect of leasing premises/transfer of Lease in the Stockwell Shopping Centre.

We further understand that additional information may be required.

I/We declare that I/We, the Lessee(s) or proposed Lessee Company Directors, are not undischarged bankrupts, nor has any judgement has been recorded against the proposed Lessee, Lessee Company or any of its directors, or any estate or asset has been assigned for the benefit of creditors.

Signed: _____
(Director/Lessee)

Dated: _____

Signed: _____
(Director/Lessee)

Dated: _____

ATTACHMENTS CHECKLIST

Please provide the following documents to this application:

- Copy of Drivers Licence & Personal Guarantor
- Assets & Liabilities Statements for each Personal Guarantor. The Assets & Liabilities statements may need to be Certified by a Registered Accountant. Your leasing executive will confirm this with you.
- Copy of Rates Notice for each Personal Guarantor
- Signed Letter of Intention to Lease