

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Gender: Female / Male  
Driving Licence No: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Occupation: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
How Long in Present Position? \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Spouse's Occupation: \_\_\_\_\_  
Do you have children:  Yes  No  
Ages: \_\_\_\_\_

**OTHER INFORMATION**

Have you ever filed bankruptcy?  Yes  No  
If yes, how long ago? \_\_\_\_\_  
Have you ever been convicted of a felony?  Yes  No  
If yes, for what? \_\_\_\_\_  
Do you currently, or have you ever, owned your own business?  
 Yes  No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
Will you be able to devote full time to this new business?  
 Yes  No  
If not, who do you have in mind to operate the business?  
 spouse  partner  manager  
In what area are you considering establishing a business?  
City/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Do you have a specific location in mind?  Yes  No  
Where? \_\_\_\_\_  
If accepted, how soon would you be able to operate a center?  
 3-6 months  6-12 months  12+ months

**FINANCIAL INFORMATION**

**ASSETS**

1. Cash on Hand & in Banks: \$ \_\_\_\_\_  
2. Shares, Bonds & Unit Trust: \$ \_\_\_\_\_  
3. Superannuation: \$ \_\_\_\_\_  
4. Property Market Value: \$ \_\_\_\_\_  
5. Other Assets: \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

**Add up lines 1-5 for TOTAL ASSETS = \_\_\_\_\_**

**LIABILITIES**

1. Credit Cards Balance: \$ \_\_\_\_\_  
2. Home Mortgages Balance: \$ \_\_\_\_\_  
3. Hire Purchase / Lease: \$ \_\_\_\_\_  
4. Other Liabilities: \$ \_\_\_\_\_  
5. Other Debts: \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

**Add up lines 1-5 for TOTAL LIABILITIES = \_\_\_\_\_**

**YOUR TOTAL ASSETS – YOUR TOTAL LIABILITIES**  
\_\_\_\_\_  
**= NET WORTH**

**CREDIT / CHARACTER REFERENCES:**

Name: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
What is your current annual household income?  
\$ \_\_\_\_\_  
How would you maintain living expenses during a new business start-up period?  savings  spouse's/partner's salary  
 Other \_\_\_\_\_  
If you were to proceed with this investment, would you have to finance any portion?  Yes  No  
How much? \_\_\_\_\_  
How?  Home Equity  Leasing / HP  Other \_\_\_\_\_

**COMPUTER SKILLS**

Please rate your knowledge of the following items on a scale of 1 – 5. **Please tick only one number.**

1 = No Knowledge, 2 = Some Knowledge, 3 = Average Knowledge, 4 = Very Knowledgeable, 5 = Highly Knowledgeable/Expert

1. Rate your overall computer skills

①    ②    ③    ④    ⑤

2. Microsoft Applications (Word, PowerPoint, Publisher, Excel)

①    ②    ③    ④    ⑤

3. E-mail and internet skills

①    ②    ③    ④    ⑤

**EDUCATION & EMPLOYMENT HISTORY**

**List Educational Background:**

(Note: you may attach a resume for this portion)

High School: \_\_\_\_\_

Dates Attended: \_\_\_\_/\_\_\_\_/ to \_\_\_\_/\_\_\_\_/

College: \_\_\_\_\_

Dates Attended: \_\_\_\_/\_\_\_\_/ to \_\_\_\_/\_\_\_\_/

Other: \_\_\_\_\_

Dates Attended: \_\_\_\_/\_\_\_\_/ to \_\_\_\_/\_\_\_\_/

**List Employment History for the past 5 years:**

(Note: you may attach a employment letter/testimony for this portion)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/ to \_\_\_\_/\_\_\_\_/

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/ to \_\_\_\_/\_\_\_\_/

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/ to \_\_\_\_/\_\_\_\_/

**SOLICITOR DETAILS:**

Solicitor Name:: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel. No: \_\_\_\_\_

**ACCOUNTANT DETAILS:**

Accountant Name:: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel. No: \_\_\_\_\_

*This application is not to be construed as a binding agreement for either party, but does give PostNet the right to check the information provided within and conduct a Credit Report.*

*I / we authorized PostNet to contact any appropriate third parties to verify the accuracy of the information in this Application. I / we confirm that the information contained in, and accompanying and all the information provided by me / us to PostNet, is true, correct and complete and given in support of this Application. And PostNet may retain copies of this Application for its records, whether or not this Application is successful. I / we also declare that any documents provided containing financial information are true copies of the final signed versions of the original documents.*

**Applicant's Signature**

**Spouse's Signature**

**Date**

Use this space for any additional information concerning yourself:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_