APPLICATION FOR A LICENCE TO OPERATE A LICENSED POST OFFICE



Please complete this form in detail. The information will assist in assessing your suitability to conduct a Licensed Post Office and will be kept in strict confidence. The appointment of an applicant as a Licensee is subject to a satisfactory check of Police records.

Name of Licensed Post Office	Full Name
	Private Address
Transfer/Assignment New	
Proposed date of ownership / /	Postcode
Frading Arrangements	Daytime Telephone Number Fax Number
Sole Trader Partnership Company	Mobile
Trust Government/Statutory	Occupation
1. Sole Trader/Partnership	A
Business Name	Are you an Australian Citizen? (Attach copy of Supporting documentation) Yes No Certificate/Passport No.
BusinessAddress	Are you a Permanent Resident? Yes No
Postcode	Do any of the named persons have an interest in any other Licensed Post Office? Yes No
Email	If "YES" provide specific details of each. A maximum of 5 Licences can be held by any
Address	individual or company. Checks will be performed to confirm the validity of the information
Australian Business Number (A.B.N.)	provided. Withholding information may result in the termination of the Licence. (If insufficient space attach list)
GST Registered? Yes No	In insumotent space attach isty
Daytime Telephone Number Fax Number	
Mobile	
Type of business	
Personal Particulars of Applicant/s	
Full Name	
Private Address	
Daytime Telephone Number Fax Number	
Mobile	
Occupation	
Are you an Australian Citizen? Attach copy of Supporting documentation) OR OR	
Are you a Permanent Resident? Yes No	
Full Name	
Private Address	
Daytime Telephone Number Fax Number	
Mobile	
Occupation	
Are you an Australian Citizen? (Attach copy of Supporting documentation) Yes No Certificate/Passport No.	
OR Are you a Permanent Resident? Yes No	8833573 • Jul'05 Continued
	8833573 • Jul'05 CONTINUEQ

2. Company, Trust, Government/Statutory Applicants In addition to the information to be provided on this application form, a certified copy o	Director's Name			
the Certificate of Incorporation and the Memorandum & Articles of Association or	Private Address			
Company Constitution must be produced with this application.	T Water Addresses			
lu co				
Name of Company	Daytime Telephone Number			
A.B.N.	-			
	Mobile			
A.C.N.	Role of Director			
Registered Company Address	-			
niegistereu company Address				
	Are you an Australian Citizen? (Attach copy of Supporting documentation) Yes No Certificate/Passport No.			
Daytime Telephone Number Fax Number	OR			
	(Attach copy of permanent visa)			
Mobile	Do any of the persons named have a interest in any other Licensed Post Office?			
What is (or will be) the issued share capital	Yes No			
	If "YES" provide specific details of each. A maximum of 5 Licences may be held by any individual or company. Checks will be performed to confirm the validity of the information			
Personal Particulars of Chairman and Directors	provided. Withholding information may result in the termination of the Licence.			
Chairperson's Name	(If insufficient space please attach a separate sheet)			
	_			
Private Address				
	-			
Postcode	-			
Daytime Telephone Number				
Mobile	† <u> </u>			
Are you an Australian Citizen?	-			
(Attach copy of Supporting documentation) Yes No				
Are you a Permanent Resident? Yes No				
(Attach copy of permanent visa)	<u> </u>			
Director's Name				
Private Address	† <u> </u>			
Postcode				
Daytime Telephone Number	11			
	_			
Mobile				
Role of Director				
	-			
Are you an Australian Citizen? Certificate/Passport No.				
(Attach copy of Supporting documentation) Yes No				
Are you a Permanent Resident? Yes No	1			
(Attach copy or permanent visa)	-			
Director's Name				
Private Address	-			
Destanda				
Daytime Telephone Number	1			
Mobile				
Role of Director				
	_			
Are you an Australian Citizen? (Attach copy of Supporting documentation) Yes No Certificate/Passport No.				
OR				
Are you a remindrent nesident! Yes No	Continued 8833573/2 • Jul'05			

3. All Types of Applica	nts				
Do you intend to manage the Post Office yourself or appoint a Manager?			ne of Manager		
Managed by self Appoint a Manager *(supply	r details of the Manager opposite and citizenship details belo	ow) Priva	Private Address		
*Places complete if passport/oi	tizenship interviews are undertaken at the outlet.				
Is the Manager an Australian Citi (Attach copy of Supporting documentation)					Pastanda
OR		Dayti	me Telephone Number	Mobile	Postcode
Is the Manager a Permanent Res (Attach copy of permanent visa)	Ies INO				
Have you or the manager had prewith Australia Post?	vious work experience				
Yes No					
If "Yes" provide details					
Period/Year	Location		Status	s/Duties	
4. If no previous experience, p	rovide details of your relevant experience in the follow	ving areas:- (Customer Service, Sales, Merchan	dising, Financial & Clerical	
5. Referees					
Provide details of two personal re	eferees		le details of two business referee	es .	
Name		Name	9		
Private Address		Priva	te Address		
		_			
Daytime Telephone Number	Postcode	Davti	me Telephone Number		Postcode
Mobile		Mobi	le		
Name		Namo	9		
Private Address		Priva	te Address		
	Postcode				Postcode
Daytime Telephone Number		Dayti	me Telephone Number		
Mobile		Mobi	le		

6. Has the applicant/s (or if the Applicant is a Company or Trust, any of its Directors, or Managers) ever been declared bankrupt or been a Director or Managers which has ever been placed into liquidation?	ager of a Company
Yes No	
If "Yes" provide full details. (If insufficient space please attach separate sheet)	
P Out	
Privacy Statement We collect your paragraph information to passes your emplication to become a Licenses of an Australia Rest Licensed Rest Office. If you do not give up you	ur norganal information
We collect your personal information to assess your application to become a Licensee of an Australia Post Licensed Post Office. If you do not give us you we will be unable to process your application. Your personal information may be disclosed to those individuals you have nominated as referees in support organisations and persons named as your former employer/s.	t of your application or
Where you give us the personal information of third parties you agree to tell them this and why and advise them of the contents of the Privacy Statement you to request access to your personal information while we store it. We will assess all requests as required by law and tell you why if access is denied.	. Privacy Laws entitle
Declaration and Acknowledgment	
I/We declare that: • All information provided in support of this Application is true and correct;	
I/We have disclosed my/our interest in any other Licensed Post Office;	
 No other person/s named in this Application has/have an interest in any other Licensed Post Office I/We acknowledge that: 	
• no contractual relationship exists between Australia Post and the Applicant/s in respect of this Application;	
• any statements or information given in support of this Application and later found by Australia Post to be false or misleading could result in the terminat Post Office Agreement between Australia Post and the Applicant.	ion of any Licensed
Consent I/We consent to Australia Post exchanging my/our information with:	
persons named as Business or Personal Referees on this Application;	
person/s named as my/our previous employer/s on this Application, if applicable.	
	Date / /
	/ /
Signature/s	