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VIC 3500

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Download the PDF: make another copy, so you have a spare.

Fill in the form: click or tap in each blank box and start typing, or use the tab key to navigate from box to box.

Save the completed file and print the form

Sign the printed form: the signature boxes are not interactive; we need your signature here.

SIGNATURES*			
Signature:	Handwritten signature here	Signature:	and/or here
Name:		Name:	
Title:		Title:	
Date:		Date:	

*At least one director must sign application

Scan the signed form and email it to jane@hearbusiness.com.au

We will send you an invoice, with payment details.

Our process ensures that your privacy is maintained.

BUSINESS INFORMATION

Business Name:		Telephone:	
Trading Name:		Fax:	
Date Registered:		Website:	
ABN / ACN:		Email:	
Business Structure: e.g: Pty Ltd		Address:	

DIRECTORS

	Director 1:	Director 2:	Director 3:
Name:			
% of Ownership:			
Preferred Contact:		Telephone:	
No. of Registered Clinicians:		No. of Permanent Sites:	
No. of All Staff:		OHS Contractor / Registered:	☐ Yes ☐ No

BUSINESS NOMINATION

Company name:		Contact:	
Telephone:		Email:	
Address:			

DISCLOSURE

- The applicant / business will comply with the "Code of Conduct" (1st July 2016), for the delivery of hearing care services in Australia.
- Hearing Business Alliance adheres to the Australian Privacy Principles (APPs), which are contained in schedule 1 of the [Privacy Act 1988](#).
- The applicant / business warrants that it is not involved in nor has received any notice of any potential and/or actual litigation and/or demand by OHS, ATO, ASIC, Office of Fair Trading, etc. unless advised previously.
- If Hearing Business Alliance Ltd is wound up, I/we are liable to contribute to the property of Hearing Business Alliance Ltd:
 - To pay off the debts and liabilities of Hearing Business Alliance Ltd and to meet the costs and charges, BUT not more than \$1.00,
 - To adjust the rights of the contributories amongst themselves.
- By submitting this application, you authorize Hearing Business Alliance to make any inquiries necessary to facilitate this application.

SIGNATURES*

Signature:		Signature:	
Name:		Name:	
Title:		Title:	
Date:		Date:	

*At least one director must sign application