

New Lease – City of Kwinana

Expression of Interest – Application

Property Address:		
Applicant Details:	Business / Company Name:	
	ABN / ACN:	
	Address:	
	Contact Details:	<i>Name:</i> <i>Phone:</i> <i>Mobile:</i> <i>Email:</i>
	Guarantors Name & Address if applicable:	
If the Tenant is a company subject to the Corporations Act, state full names of directors and/or secretary of the company who will be executing the lease on behalf of the association		
If the Tenant is an association subject to the Associations Incorporations Act WA, state full names of the two committee members who shall be executing the lease on behalf of the association		
Overview of the organisation:		

Brief overview on how the organisation is funded and the duration of any current funding arrangements:	
Accounts Department contact if different from above:	Name: Phone: Mobile: Email:
Copy of latest Annual report.	Copy of Annual report attached: Yes / No
Proposed Use of premises:	
Number of Staff:	
Who can access your services:	
Business hours:	Days: _____ Times: _____
Preferred term of lease:	Initial term: _____
	Renewal term: _____
Reference/s:	
Additional information / comments	

Privacy Disclosure Statement:

Information submitted on this form will be collected by the City of Kwinana (**City**) for the purpose of managing your customer request. The City may also use such information to update your contact details within City records, as well as to contact you about other functions or services related to the City which may be relevant to you. Where required, information submitted by you may be disclosed to relevant authorities or City contractors. You may apply to the City for access, to correct and/or amend information submitted by you. By submitting this form, you acknowledge and consent to the above.

Signature: _____

Name: _____

Position: _____

Date: ____ / ____ / ____