

Business and Financial Information Form

1. Provider Information

Business Name: _____

Trading Name: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone number: (____) _____

Facsimile number: (____) _____

Email address: _____

Website address (if applicable): _____

Type of business:

- Company (ABN: _____)
- Partnership
- Sole Trader

2. Public and professional indemnity insurance.

Administrative requirements are to be place to ensure that participants in lifestyle modification programs are protected by appropriate public and professional indemnity insurance arrangements in the event of adverse events for which providers may be found liable. The Department requires providers to hold minimum public liability insurance of \$10 million per claim and professional indemnity insurance of \$10 million per claim.

NB: Please attach evidence of appropriate insurance documentation.

3. Financial Information

3.1 Provide details of the applicant, including all directors/ partners/ office bearers of other relevant persons in the entity including all partners in the partnership.
(Relevant persons are individuals who have direct or indirect interest in the entity with the power to exert influence over the management or operation of the entity.)

Position	Surname	Given names	Duration in position

The following questions must be answered in relation to all individuals listed in Question 3.1

3.2 Have any of these individuals been convicted of fraud or dishonesty?

- Yes. Provide the name(s) of those individual(s) and details of the offence(s)
- No.

3.3 Is any court action on charges concerning fraud or dishonesty pending against any of these individuals?

- Yes. Provide the name(s) of those individual(s) and details of the offence(s)
- No.

3.4 Is, or have any of these individuals been under the control of a receiver within the meaning of the *Corporations Act 1989*?

- Yes. Provide the name(s) of those individual(s)
- No.

3.5 Is, or have any of these individuals been placed in Liquidation under the *Corporations Act 1989*?

- Yes. Provide the name(s) of those individual(s)
- No.