



## RESERVOIR | COMMERCIAL

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## COMMERCIAL/RETAIL APPLICATION

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Applicant name:

Property address:



1.1 Applicant Details

Applicant (if an individual) First/Given Name (s) \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Drivers License No. \_\_\_\_\_ Drivers License State \_\_\_\_\_  
Passport No. \_\_\_\_\_ Passport Issuing Country \_\_\_\_\_ Tax File No. \_\_\_\_\_

1.2 Company Details

Company Name \_\_\_\_\_ Trading Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
Postal Address (if different form Company address) \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Type/Nature of your business \_\_\_\_\_  
Age of business \_\_\_\_\_ Average annual income \_\_\_\_\_  
ACN \_\_\_\_\_ ABN \_\_\_\_\_ Company TFN \_\_\_\_\_  
How long has the company occupied the above premises? \_\_\_\_\_ Lease or owned premises? \_\_\_\_\_  
Name of current Landlord / Agent Details \_\_\_\_\_  
Contact Phone No. \_\_\_\_\_ Monthly rent paid \_\_\_\_\_ Was the Bond refunded in full? \_\_\_\_\_

1.3 Company Director(s)

1) First/Given Name (s) \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Drivers License No. \_\_\_\_\_ Drivers License State \_\_\_\_\_  
Passport No. \_\_\_\_\_ Passport Issuing Country \_\_\_\_\_  
2) First/Given Name (s) \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Drivers License No. \_\_\_\_\_ Drivers License State \_\_\_\_\_  
Passport No. \_\_\_\_\_ Passport Issuing Country \_\_\_\_\_

1.4 Application Details

Your proposed use of the premises \_\_\_\_\_  
Annual/Monthly rental lease period option(s) \_\_\_\_\_  
Lessee's proposed works (if any) \_\_\_\_\_  
Special Conditions (if any) \_\_\_\_\_

1.5 Applicant's Business Structure

Sole Trader  Partnership  Company  Franchise  License

1.6 Applicant Solicitor's Details

Solicitors: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Free Utility Connection Service

**myconnect**

myconnect is a FREE and easy to use utility connection service



Yes, Please connect me

Tick here to opt out

Unless I have opted out of this section, I/we:

Consent to the disclosure of information on this form to myconnect ABN 65 627 003 605 for the purpose of arranging the connection of nominated utility services; consent to myconnect disclosing personal information to utility service providers for the stated purpose and obtaining confirmation of connection; consent to myconnect disclosing confirmation details (including NMI, MIRN, utility provider) to the Conveyancer, its employees and myconnect may receive a fee/incentive from a utility provider in relation to the connection of utility services; acknowledge that whilst myconnect is a free service, a standard connection fee and/or deposit may be required by various utility providers; acknowledge that, to the extent permitted by law, the Conveyancer, its employees and myconnect shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us or any other person or any property as a result of the provision of services or any act or omission by the utility provider or for any loss caused by or in connection with any delay in connection or provision of, or failure to connect or provide the nominated utilities. I acknowledge that myconnect record all calls for coaching, quality and compliance purposes.





