
Virtual Office Application Form

Personal Details

First Name:

Last Name:

Address:

Mobile:

Email:

Business Details

Business Name:

Product/Service offered:

Is the Business Name registered? Yes No

If yes, date of registration:

ABN:

Business Structure: Sole Trader Partnership Pty Ltd Other:

If more than one owner, please list names:

Is this a new business enterprise? Yes No

If no, how long have you been trading? _____ years _____ months

How many staff members do you currently have? (include yourself) _____ F/T _____ P/T

Do you require any licenses or permits to operate your business? Yes No

If yes, what are they?

Is your business involved in any legal proceedings or aware of any legal proceedings which may impact on the business? If so, please provide details.

Background & Experience

Is this your first business? Yes No

Do you have any formal qualifications? Yes No
If yes, please detail:

References

Please provide names, firms and contact details of persons who may be directly contacted for references.

1. Name:

Mobile:

Business:

Relationship:

2. Name:

Mobile:

Business:

Relationship:

Declaration

The above information is true and correct.

Signed:

Date:

Print Name:

Checklist

- Business Registration
- Public Liability Insurance
- Application Form

Please submit your application form and supporting documents to

admin@stirlingbusinesscentre.asn.au