



CLIENT INFORMATION REQUEST

Please supply the following information to Vebiz for completion of Export Market Development Grant Claim

Contact Details

1. Name of Main Contact: _____
2. Address: (Physical) _____
3. Phone: _____ Email: _____
4. Postal if Different: _____
5. Have you ever received a grant from Austrade? Yes No
If 'Yes' how many grants

6. Trading Structure

- | Type | Name |
|--|-------|
| <input type="checkbox"/> Sole Trader | _____ |
| <input type="checkbox"/> Partnership | _____ |
| <input type="checkbox"/> Company (Incorporated Entity) | _____ |
| <input type="checkbox"/> Trust | _____ |

ABN : _____ ACN : _____

7. What date did your business operations commence? (e.g.01/01/2000) _____
8. What was the total income of your business for the grant year: _____
9. Did you make a loss for the grant year? Yes No If YES, How much: _____
10. Describe your core business (example 'software developer') _____
11. Fully Describe what you are seeking to export _____
12. If you are seeking to export goods, are these goods made **ONLY** in Australia? Yes No
13. Are you seeking to export IP or Know-how? Yes No
14. As the applicant, are you the principal in the export business you are promoting? Yes No
Please provide details, if necessary. _____
15. Total number of employees (incl. full/part time, contractors and working directors) of your business at end of claim period _____
16. Were you part of a group of related companies (including overseas registered companies) at the end of the grant year? Yes No If Yes:
17. Will any of your corporate group apply for an EMDG grant in this claim year Yes No
18. Has the trading name or registered name of the business changed? Yes No



19. Did you receive or expect to receive any financial assistance or any reimbursement from any other Government support scheme Yes No

If Yes, please provide details. _____

20. Have you bought a business or part of a business Yes No

21. Names of Company Directors or Partners or Trustees of applicant entity: (First and Last Names)

_____ Include Here if more than 4 _____

22. Have your directors and shareholders ever been involved with any other business that has applied for an EMDG Grant: Yes No

23. Are there any convictions against you or your associates? Yes No

24. Are you or your associates under insolvency administration? Yes No

25. Bank account details.

Name of Financial institution _____

BSB _____

Account number _____

Name of bank account _____

Please note information would be to help them understand the capability and capacity of your company and Australian exports, and would include the following: your contact details, product details, value of this claim, countries exported to, value of export earnings, total income, employment number, etc. Please note choosing NO would not affect your claim.

I declare that all the information in the claim form, schedules, and other material provided in support of the claim, is true and correct in every particular.

Name

Position

____/____/____
Date

Signature