

BUSINESS CONTACT INFORMATION

Business Name:			
Address:			
Preferred Contact:		Telephone:	
Date Registered:		Fax:	
ABN / ACN:		Website:	
Business Structure:		Email:	

DIRECTORS' INFORMATION

Director 1:		Director 2:		Director 3:	
Name:					
Telephone:					
Email:					

BUSINESS SITE INFORMATION

Employee Information:	No. of Audiologists		No. of Audiometrists		No. of Admin Staff	
HSP Contractor:	<input type="checkbox"/> Yes <input type="checkbox"/> No		No. of All Permanent & Visiting Sites:			
Trading States:	<input type="checkbox"/> ACT <input type="checkbox"/> NSW <input type="checkbox"/> NT <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> TAS <input type="checkbox"/> VIC <input type="checkbox"/> WA					

DISCLOSURES

- Hearing Business Alliance adheres to the Australian Privacy Principles (APP's), which are contained in Schedule 1 of the [Privacy Act 1998](#) (Privacy Act).
- The applicant/business will comply with HBA's Code of Conduct (2021) for the delivery of hearing care services in Australia.
- The applicant/business warrants that it is not involved in, nor has received, any notice of any potential and/or actual litigation and/or demand by HSP, ATO, ASIC, Office of Fair Trading etc. unless advised previously.
- If Hearing Business Alliance Ltd is wound up, I/we are liable to contribute to the property of Hearing Business Alliance Ltd:
 - To pay off the debts and liabilities of Hearing Business Alliance Ltd and to meet the costs and charges, BUT not more than \$1.00
 - To adjust the rights of the contributories amongst themselves.
- By submitting this application, you authorise Hearing Business Alliance to make any inquiries necessary to facilitate this application.

SIGNATURES*

Signature:		Signature:	
Name:		Name:	
Business Title:		Business Title:	
Date:		Date:	

* At least one director must sign application.