

Application Form

Young Entrepreneurs Stepping Up Mentor Program

Name: _____

Business Name: _____

Business Address: _____

Ph: _____ Mobile: _____ ABN: _____

Email: _____

Type of Business: Sole Trader Partnership Company

Year Established: _____ Approx. number of years spent in your current industry _____

Principal activity of the business: _____

Your principal role in the business: _____

No. of employees in addition to the owner: _____ Annual turnover: _____

Age of applicant: 18-25yrs 26-30yrs 31-35yrs

Where did you first hear about this program? _____

Did you have any specific business development issues you would like addressed:

<p>Signed: _____ _____ (print name)</p> <p>Dated: _____</p>	<p>Total Cost of Program: \$200.00 (GST incl.) Cheque to be made payable to: Binarix Corporation Pty Ltd. Please complete this form and return it with your payment by post to:</p> <p>Binarix Corporation Pty Ltd PO Box 566 Castle Hill NSW 1765</p>
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