



Seller

Buyer

Company / Name:

Company / Name:

Contact Name:

Contact Name:

Account Number:

Account Number:

Address:

Address:

Phone:

Phone:

Email:

Email:

By signing this application, you are applying for SML's consent to assign the right to occupy the premises below **(Premises)** under an Occupancy Agreement from the Existing trader to You and you furnish the following information to SML in respect of your application. Furthermore, you agree to Direct Debit for all regular payments to Sydney Markets Limited. You agree that once/if approved you will comply with the Conditions of Entry, Occupancy Agreement and the Sydney Markets Rules

The following forms to be completed:

Buyer & Seller Application Forms

Application to Erect Signage

Transfer of Shares

WHS Forms

Waste Collection & Disposal Policy

Disclosure Statement

Direct Debit Form

Electricity Supply Agreement

Application to assign
the right to occupy premises
(Seller/s)



SYDNEY MARKETS

A. Full Name of the Stand Holder(s):

B. Residential Address:

SUBURB:

Post Code:

Phone No:

C. Stand/s the subject of this application:

Sydney Flower Market - Flemington	
-----------------------------------	--

D. Sale Price

\$

E. The Reason I/We are selling the stand is:

F. Proposed Changeover Date:

G. HAS THERE BEEN ANY WRITTEN AGREEMENT OR CONTRACT PREPARED IN RESPECT OF THE SALE OF THE STAND WITH PROPOSED PURCHASER? YES / NO (IF SO, PRODUCE IT WITH THIS APPLICATION)

Signature of Present Standholder:

Date:

Application to assign
the right to occupy premises
(Purchaser/s)



SYDNEY MARKETS

I/We the undersigned hereby apply to Sydney Markets Limited grant to me/us of a permit in respect of the below mentioned regular stand/s and furnish the following information in respect thereof:

A. Full Name of Proposed Purchaser(s):

Private Address of Proposed Purchaser(s) :

SUBURB:

Post Code:

Phone No:

B. Farm Address of Proposed Purchaser(s):

SUBURB:

Post Code:

Phone No:

C. Regular Stand (s) held by Proposed Purchaser(s):

D. Sale Price of Stand(s):

\$

E. Proposed Changeover Date:

Signature of Applicant/s:

Date:

Growers Stand/s
Application to assign
the right to occupy premises



SYDNEY MARKETS

Level 3, Market Plaza Building, Sydney Markets
PO BOX 2, SYDNEY MARKETS NSW 2129
Phone: (02) 9325 6200 Fax: (02) 9325 6288

Transfer of Shares

I/We (Seller/s)

of

(the Transferor(s)) **Do hereby transfer to the said Transferee(s) One Share being One Dollar (per premise) to**

I/We (Purchasers)

of

(the Transferee(s))

Tradeable Space/s:

I/We the said Transferee(s) agree that in accepting the share, I/we will be bound by the Occupancy Agreement and/or Lease Agreement, Market Rules and Articles of Association of Sydney Markets Limited.

(If the shareholder holds the shares as a trustee of a trust, please detail the trust in the name.)

Dated this _____ days of _____ 20____

Signed by the Transferor(s):

Signed by the Transferee(s):

Signed by the Transferor(s):

Signed by the Transferee(s):

Signed by the Transferor(s):

Signed by the Transferee(s):

Signed by the Transferor(s):

Signed by the Transferee(s):

Witnessed:

Witnessed:



DIRECT DEBIT REQUEST – CREDIT CARD
Request to establish Debit Authority in the Direct Debit System

Your Details

Insert name in full and if company, its
ABN

I/We *(Surname / Company or Business Name)* *(Given Name/ACNNumber)*

Insert your address details

Address:

Postcode:

Authorise **Sydney Markets Limited (APCA ID#019116)**, until further notice in writing, to arrange for funds to be debited from my/our account at the Financial Institution identified and as described in the Schedule below, any amounts which **Sydney Markets Limited** may debit or charge my/our credit card account through the Direct Debit System.

Insert your SML account number
(as it appears on your invoice /
statement)

Identified by Reference Information: *(SML Customer Account Number)*

The Schedule

Details of Credit Card

Cardholder's Name:

Account to be debited

Cardholder's Signature:

Credit Card Type: MasterCard Visa AMEX

Details of Financial Institution

Expiry Date: ____/____ CCV ____

Insert the name and address
of the Financial Institution at
which your account is held.

Credit Card No: _____

Financial Institution's Name:

Address:

Note: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.

Direct Debit Request Authorisation

I/We have read the "Customer Service Agreement" that accompanies this form and acknowledge and agree with its terms and conditions.

I/We request this arrangement to remain in force in accordance with details set out in the Schedule described above and in compliance with the "Customer Service Agreement".

Customer(s) Name:

Customer(s) Signature:

Date:



**DIRECT DEBIT REQUEST
CUSTOMER SERVICE AGREEMENT**

We, Sydney Markets Limited, note our commitment to you as the following:

- We will advise you by notice, statement or invoice of the drawings.
- Where the due date falls on a non-business day, we will draw the amount on the next business day.
- We will provide written notice of any proposed changes to your drawing arrangement, providing no less than 14 days notice.
- We reserve the right to cancel the drawing arrangement if drawings are continually returned unpaid by your nominated Financial Institution. Where drawings are returned unpaid we will arrange with you an alternate payment method. A fee may apply for drawings that are returned unpaid.
- We will keep all information provided by you and details of your nominated account at the Financial Institution, private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 20 business days.

You, the Customer, note your commitment to us as the following:

- It is your responsibility to check with your Financial Institution, prior to completing the Direct Debit Request, that direct debiting is available on that account.
- It is your responsibility to ensure that the authorisation on the Direct Debit Request is identical to the account signing instruction held by the Financial Institution of the nominated account.
- It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternate payment method, if the drawing arrangements are stopped, either by you or the nominated Financial Institution.
- It is your responsibility to meet any charges resulting from the use of the Direct Debit System. This may include fees charged to us as a result of returned drawings.

You may request to defer or alter the agreed drawing schedule by giving written notice to us; such notice should be received by us at least 10 business days prior to the due date.

You may stop your individual debit by giving written notice to us; such notice should be received by us at least 10 business days prior to the due date.

You may cancel the Direct Debit arrangement at any time by giving written notice to us; such notice should be received by us at least ten (10) business days prior to the due date. Your nominated Financial Institution is unable to cancel your Direct Debit Arrangement.

All transaction disputes, queries, and claims should be raised directly with us. We will provide a verbal or written response within 20 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account.



DIRECT DEBIT REQUEST – BANK ACCOUNT
Request to establish Debit Authority in the Direct Debit System

Your Details

Insert name in full and if company, its
ABN

I/We *(Surname / Company or Business Name)* *(Given Name / ACN Number)*

Insert your address details

Address:

Postcode:

Insert your SML account number
(as it appears on your invoice /
statement)

Authorise **Sydney Markets Limited (APCA ID#019116)**, until further
notice in writing, to arrange for funds to be debited from my/our
account at the Financial Institution identified and as described in the
Schedule below, any amounts which **Sydney Markets Limited** may
debit or charge me/us through the Direct Debit System.

Identified by Reference Information: *(SML Customer Account Number)*

The Schedule

Details of Account to be
debited

Account held in the name of:

Financial Institution's BSB: _____ - _____

Account Number: _____

Details of Financial Institution

Financial Institution's Name:

Insert the name and address
of the Financial Institution at
which your account is held.

Address:

Note: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.

Direct Debit Request Authorisation

I/We have read the "Customer Service Agreement" that accompanies this form and acknowledge and agree with its terms and conditions.

I/We request this arrangement to remain in force in accordance with details set out in the Schedule described above and in compliance with the "Customer Service Agreement".

Customer(s) Name:

Customer(s) Signature:

Date:

When completed, please return this form to:
Accounts Receivable, Sydney Markets Ltd
P O Box 2, Sydney Markets NSW 2129
OR FAX TO (02) 9325 6288



**DIRECT DEBIT REQUEST
CUSTOMER SERVICE AGREEMENT**

We, Sydney Markets Limited, note our commitment to you as the following:

- We will advise you by notice, statement or invoice of the drawings.
- Where the due date falls on a non-business day, we will draw the amount on the next business day.
- We will provide written notice of any proposed changes to your drawing arrangement, providing no less than 14 days notice.
- We reserve the right to cancel the drawing arrangement if drawings are continually returned unpaid by your nominated Financial Institution. Where drawings are returned unpaid we will arrange with you an alternate payment method. A fee may apply for drawings that are returned unpaid.
- We will keep all information provided by you and details of your nominated account at the Financial Institution, private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 20 business days.

You, the Customer, note your commitment to us as the following:

- It is your responsibility to check with your Financial Institution, prior to completing the Direct Debit Request, that direct debiting is available on that account.
- It is your responsibility to ensure that the authorisation on the Direct Debit Request is identical to the account signing instruction held by the Financial Institution of the nominated account.
- It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternate payment method, if the drawing arrangements are stopped, either by you or the nominated Financial Institution.
- It is your responsibility to meet any charges resulting from the use of the Direct Debit System. This may include fees charged to us as a result of returned drawings.

You may request to defer or alter the agreed drawing schedule by giving written notice to us; such notice should be received by us at least 10 business days prior to the due date.

You may stop your individual debit by giving written notice to us; such notice should be received by us at least 10 business days prior to the due date.

You may cancel the Direct Debit arrangement at any time by giving written notice to us; such notice should be received by us at least ten (10) business days prior to the due date. Your nominated Financial Institution is unable to cancel your Direct Debit Arrangement.

All transaction disputes, queries, and claims should be raised directly with us. We will provide a verbal or written response within 20 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account.

Application to assign
the right to occupy premises
(Purchaser/s)



SYDNEY MARKETS

I Acknowledge that I have,

A.B.N. 51 077 119 290

1. Received a copy of the Occupancy Agreement & Market Rules booklet
2. Received a copy of the WHS Documentation
3. Completed the Direct Debit Forms
4. Downloaded the SML Traders App

By signing here, you agree to have read and understood the Terms & Conditions of this application.

Applicant Signature:

Date:

Approved by:

Comments: *(SML use only)*

Property Manger:

Head of Operations:

Date:

Date: