



# SYDNEY MARKETS

A.B.N. 51 077 119 290

## TAKE UP APPLICATION

**SYDNEY MARKETS LIMITED**  
**APPLICATION FOR GRANT OF NEW PERMIT**  
**(Haymarket - HWE, HTH, HFR, HAS, HSU)**  
**(Flemington – FFR, FFO, FSI, FSO, SRI, SRIG, SRO, FSW)**

BUYER
COMPANY / NAME:
CONTACT NAME:
ACCOUNT NUMBER:
ADDRESS:
PHONE:
EMAIL:

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:

### The following forms to be completed:

- Take Up Application Form
- Waste Collection & Disposal Policy
- Transfer of Shares
- Disclosure Statement
- Direct Debit Form
- Acknowledgement
- WHS Forms



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A. FULL NAME OF APPLICANT/S \_\_\_\_\_

B. PRIVATE ADDRESS OF APPLICANT/S \_\_\_\_\_

SUBURB \_\_\_\_\_ POST CODE \_\_\_\_\_ PHONE NO \_\_\_\_\_

C. STAND/S THE SUBJECT OF THIS APPLICATION: - Buyers Account Number: \_\_\_\_\_

**STAND/S NO/S**

**STAND CODE**

\_\_\_\_\_

\_\_\_\_\_

D. DESCRIPTION OF GOODS PROPOSED TO BE SOLD:

\_\_\_\_\_

E. REGULAR STANDS ALREADY HELD BY ME/US IN ANY MARKET OF SYDNEY MARKETS:

\_\_\_\_\_

F. PURCHASE PRICE \$ \_\_\_\_\_

G. PROPOSED CHANGE-OVER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

H. I/We have received and read copies Sydney Markets Rules, Schedule 2 of the Occupancy Agreement, Occupancy Agreement and Sydney Markets Traders Guide and have noted the terms and conditions contained therein, furthermore I/we agree to adhere to them in respect of the permit to occupy the stand/s subject to this application. Furthermore, I/We agree that all regular payments to Sydney Markets Limited will be by way of Direct Debit.

SIGNATURE OF APPLICANT/S \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_



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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 ..... *Perpetual Trustee Company Limited* ..... of  
..... *Level 7, 39 Hunter Street* .....  
..... **SYDNEY NSW 2000** ..... (*The Transferor*)

In consideration of the sum of \_\_\_\_\_ **One Dollar** \_\_\_\_\_ paid to  
Me/us by \_\_\_\_\_  
of \_\_\_\_\_  
\_\_\_\_\_ (*Hereinafter called the said Transferee(s)*)

Do hereby transfer to the said Transferee(s) \_\_\_\_\_ **One Share** \_\_\_\_\_

Share Class

Tradeable Space

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signed by the Transferor(s)

\_\_\_\_\_  
In the presence of

**NOTE: A company or corporation must execute the transfer under seal**



**SYDNEY MARKETS**

ABN 51 077 119 290

## 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 / ACN Number

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 ACCOUNT TO BE DEBITED

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Credit Card Type:     MasterCard     Visa     AMEX

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_                      CCV \_\_\_\_\_

Credit Card No: \_\_\_\_\_

DETAILS OF FINANCIAL INSTITUTION  
Insert the name and address of the Financial Institution at which your account is held.

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: \_\_\_\_\_

**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**



***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



**SYDNEY MARKETS**

ABN 51 077 119 290

**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 \_\_\_\_\_

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.

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

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

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.

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Date: \_\_\_\_\_

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**Take Up Fees:**

\* **PURCHASER'S ACCOUNT No.** \_\_\_\_\_ (if applicable)

Document handling fee per Application \$ \_\_\_\_\_

Share Transfer Fee/s per stand (Except HWE/ HTH/HFR)\$ \_\_\_\_\_

Assessed Value (Purchase Price) \$ \_\_\_\_\_

GST \$ \_\_\_\_\_

**TOTAL INCLUDING** \$ \_\_\_\_\_

\* ATTACH A COPY OF PURCHASERS PAYMENT RECEIPT

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SIGNATURE OF TEAM LEADER PROCESSING APPLICATION.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SIGNATURE OF PROPERTY OFFICER.

**TAKE UP PROCEDURE:**

- Team Leader - Photo copy Photo Identification (e.g., Drivers Licence) for each Stand holder,**
- Team Leader - Fill out Take Up Application Form and complete the Share Transfer Form (Take Up), - If Stand is held by more than one person, all parties must sign the Application to Take Up,**
- Team Leader - Ensure ALL TAKE UP FEES PAID, (Note – For existing stand holders, all outstanding amounts on account must be paid prior to completion of the application),**
- Team Leader – Ensure Direct Debit Forms completed by Applicant.**
- Team leader – Conduct Survey in accordance with standard Survey Procedures,**
- Team Leader – Finalise Take Up Application form,**
- Team Leader - Receipt Payment – (To account of cash sale as applicable),**
- Team Leader - Submit Take Up Application, Share Transfer, Photo Copy of ID, Survey Results and Payment Receipts to the Property Officer,**
- Property Officer – Final Check of Application,**
- Property Officer - Complete Schedule 1 of the Occupancy Agreement and send along with approval letters,**
- Property Officer - Complete slips to Accounts Department,**
- Property Officer – Complete filing (create new file as applicable).**

**NOTE: - ALL DOCUMENTS MUST BE COMPLETED & SIGNED BEFORE BEING SUBMITTED TO PROPERTY OFFICER**





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## Acknowledgement

To be signed at settlement,

1. Have you received a copy of the Occupancy Agreement & Market Rules booklet
2. Received 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:

\_\_\_\_\_  
Property Manager

\_\_\_\_\_  
Head of Retail Markets

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date