

Date:  Have you inspected the property?  Yes  No

Premises:

## Applicant

Lessee Name:   
(Entity or Individual)

Trading Name:

Address:

Telephone:  Mobile:

Email:

ABN:  ACN:

## 1) Directors/Individuals

Full Name:

Address:

Mobile:  Email:

Date of Birth:  Drivers Licence No:

Three forms of identification must be provided upon submitting this application (at least one must contain a photo of you) Please specify below which forms of identification have been attached to this application:

- |   |   |
|---|---|
| <input type="checkbox"/> Driver's Licence | <input type="checkbox"/> Australian Visa or Citizenship |
| <input type="checkbox"/> Passport         | <input type="checkbox"/> Certificate Health Care Card   |
| <input type="checkbox"/> Medicare Card    | <input type="checkbox"/> Utility Bill                   |

## 2) Directors/Individuals

Full Name:

Address:

Mobile:  Email:

Date of Birth:  Drivers Licence No:

Three forms of identification must be provided upon submitting this application (at least one must contain a photo of you) Please specify below which forms of identification have been attached to this application:

- |   |   |
|---|---|
| <input type="checkbox"/> Driver's Licence | <input type="checkbox"/> Australian Visa or Citizenship |
| <input type="checkbox"/> Passport         | <input type="checkbox"/> Certificate Health Care Card   |
| <input type="checkbox"/> Medicare Card    | <input type="checkbox"/> Utility Bill                   |

## Proposed Lease Terms

Description of Business:

Use of Premises:

Lease Term:  1  2  3  4  5 Years  Other

Futher Term/s:  +  +  Years  Other

Lease Commencement Date:

Rent Commencement Date:

Rent (PA): \$

Intital Deposit: \$

Rent Reviews: Basis (i.e. fixed % , CPI or markert)

Security Deposit: \$

Proposed Lessee Works:

Special Conditions:

### Outgoings Payable By Lessee (if applicable):

- All Council & Water Rates
- Lessor's insurance premiums for the premises Building operating costs
- Body corporate fees
- GST (if applicable)
- Land Tax (if applicable)
- ESM (Essential Services)
- Management fees (if applicable)

### Lessee's Insurance:

- Against damage/breakage of glass in the premises
- Against damage to the premises from unlawful entry
- Public Liability for not less than \$20 million annually
- Against loss or damage for full replacement value for the Tenant's fittings & stock in trade.

### Security Deposit:

Equivalent to minimum 3 months rental plus GST in the form of a bank guarantee or cash bank deposit.

## References: Rental Referees

Current Agent  
OR Landlord:

Mobile:

Email:

Address of Leased  
Premises:

Length of Occupancy:

## References: Business Referees

Company:

Contact:

Relationship  
with Applicant:

Telephone:

Mobile:

Company:

Contact:

Relationship  
with Applicant:

Telephone:

Mobile:

Company:

Contact:

Relationship  
with Applicant:

Telephone:

Mobile:



# COMMERCIAL LEASE APPLICATION

## Applicant's Offer:

- The applicant offers to lease the Premises on the conditions set out above
- The applicant acknowledges that the Lessor is not bound by this agreement until a Heads of Agreement (HOA) for Lease and/or Lease (and associated Gurantee if any) documents are signed by all parties
- The applicant consents to Aston Commercial Pty Ltd collecting, using and disclosing his/ her personal information in accordance with the Aston Commercial Privacy Policy. Aston Commercial Pty Ltd may collect, use and disclose the personal information for the purpose of:
  - a. preparing an Offer and Acceptance to Lease (HOA) document
  - b. managing any resulting tenancy
  - c. providing the tenant with information which Aston Commercial believes may be of interest or benefit to the tenant.

A copy of the Aston Commercial Privacy Policy is available at [astoncommercial.com.au](https://astoncommercial.com.au)

## Applicants Agreement

I/We, hereby confirm that the information provided is true and correct.

Signature  
(Proposed  
Lessee)  
(Print Name)

(Date)

Signature  
(Proposed Lessee)

(Print Name)

(Date)