

# Government Grant Questionnaire



**IMPORTANT:** Save this form before you fill it in

Contact Name:

Telephone:

E-mail:

Industry Type

Business Name:

Entity Type:

Do You Export Products and/or Services?  Yes  No

Do You Import Products?  Yes  No

Number of employees:

Do You Have an ABN:  Yes  No

How many years have you been operating?

Annual Turnover:

Are You Registered for GST:  Yes  No

Are You Tax Exempt?  Yes  No

Are You Involved in Research & Development?  Yes  No

Address (please enter street address only. DO NOT enter PO Boxes)

Address:

Suburb/Town:

State:

Postcode: