

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: