

IVAN CHAIT & ASSOCIATES PTY. LTD

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DOCUMENT CHECK LIST

(Please make sure that all the information requested below is supplied in full. This will speed-up processing of the application.)

FORM 47

NAME: <input style="width: 400px; height: 25px;" type="text"/>	APPLICANT	SPOUSE	CHILD 1	CHILD 2	CHILD 3	CHILD 4
DOCUMENTS REQUIRED AS SET OUT HEREUNDER (Please tick the appropriate box when documents supplied)						
BIRTH CERTIFICATE IN FULL						
PASSPORT COPIES OF:-						
1. FRONT PAGE SHOWING PASSPORT NUMBER						
2. PHOTO PAGE						
3. EXPIRY DATE PAGE						
COPIES OF <u>ALL</u> PREVIOUS AUST. VISAS AND DATES WHEN ENTERED AND LEFT EACH TIME						
COPY OF FRONT PAGE OF ID BOOK SHOWING PHOTOGRAPH AND ID NUMBER						
MARRIAGE CERT.						
IF APPLICANT OR SPOUSE PREVIOUSLY MARRIED, DETAILS OF PREVIOUS MARRIAGE, I.E. NAME AND DATE OF BIRTH OF PREVIOUS SPOUSE/S, FULL DATE MARRIAGE COMMENCED AND ACTUAL DATE WHEN DISSOLVED AND HOW MANY CHILDREN OF SUCH MARRIAGE/S. COPY DIVORCE CERTIFICATES						
PRESENT ADDRESS & PHONE NUMBER.						
EDUCATION DETAILS FOR APPLICANT/SPOUSE & DEPENDANT'S OVER 18 YEARS OLD AS FOLLOWS (PROVIDE NAME OF INSTITUTION, ADDRESS AND DATES ATTENDED)						
1. PRIMARY						
2. SECONDARY						
3. TERTIARY						
COPY MATRIC & OTHER QUALIFICATION CERTIFICATES E.G. UNIVERSITY DEGREES, COURSES ATTENDED						
ASSOCIATION MEMBERSHIP DETAILS E.G. MEDICAL COUNCIL, LAW SOCIETY, ACCOUNTANT'S SOCIETY						
EMPLOYMENT HISTORY IN FULL FROM TIME OF FINISHING EDUCATION TO PRESENT WITH MONTH/YEAR OF COMMENCEMENT AND MONTH/YEAR OF ENDING OF EACH PLACE OF EMPLOYMENT.						
FULL DETAILS OF PARENTS/SISTER/BROTHER AND ANY CHILDREN NOT INCLUDED IN THE APPLICATION OF BOTH APPLICANT & SPOUSE I.E. FULL NAME, DATE OF BIRTH, PRESENT MARITAL STATUS & CURRENT COUNTRY OF RESIDENCE.						
MILITARY SERVICE DETAILS I.E. WHEN COMMENCED & WHEN COMPLETED AND RANK ON DISCHARGE						
MEDICAL HISTORY ONLY IF ANY ABNORMALITIES THEN PROVIDE DETAILS.						
FULL ADDRESSES OF RESIDENCE OF APPLICANT AND SPOUSE FOR PAST <u>TEN YEARS</u> .						

CONTACT INFORMATION:

Tel. No.	Home:	Bus:	Fax:
	Cell:	E-mail:	

DOCUMENT CHECKLIST FOR BUSINESS SKILLS - SUBCLASS 160 (BUSINESS OWNER-PROVISIONAL)

DOCUMENT/INFORMATION REQUIRED N.B. "COMPANY" INCLUDES CLOSE CORPORATION	CHECK
DATE OF FIRST BECOMING AN OWNER OR PART OWNER OF A BUSINESS.	
DETAILED WRITTEN RESUME OF BUSINESS CAREER FROM FIRST INVOLVEMENT IN BUSINESS TO THE PRESENT INCLUDING ALL RELEVANT DATES	
DETAILS FOR THE PAST FOUR FINANCIAL YEARS OF THE FOLLOWING:-	
1. SHARE HOLDING IN THE BUSINESS/S UPON WHICH APPLICATION BEING BASED FOR EACH OF THE PAST FINANCIAL YEARS	
2. FINANCIAL STATEMENTS OF COMPANIES MENTIONED IN 1 ABOVE	
3. CERTIFICATE OF INCORPORATION OR FOUNDING STATEMENT OF COMPANY/IES AS ABOVE AND COPY OF SHARE CERTIFICATES SHOWING YOUR OWNERSHIP OF THE SHARES	
4. DETAILS OF OTHER SHAREHOLDERS IN COMPANY/IES AND COPIES OF THEIR SHARE CERTIFICATES	
5. ALL AMOUNTS DUE TO YOU OR YOUR SPOUSE BY THE COMPANY/IES AT THE END OF EACH FINANCIAL REFERRED TO ABOVE. IF NOT DISCLOSED IN THE FINANCIAL STATEMENTS PLEASE PROVIDE SUBSTANTIATION BY WAY OF AUDITOR'S CERTIFICATE.	
LIST OF MAIN SUPPLIERS BOTH LOCALLY AND OVERSEAS IF APPLICABLE	
STATEMENT OF PERSONAL ASSETS AND LIABILITIES OF APPLICANT & SPOUSE (LATEST AVAILABLE)	
BRIEF OUTLINE OF INTENDED BUSINESS IN AUSTRALIA	
WRITTEN PERSONAL REFERENCES AND FOR COMPANY FROM ACCOUNTANT/BANKER/SOLICITOR (IF POSSIBLE)	
CURRENT PROMOTIONAL OR MARKETING MATERIAL CONCERNING THE BUSINESS EG. BROCHURES, ADVERTISING MATERIAL, ETC.	