



# COMMISSION AGENT APPLICATION FORM

Please **p** boxes where indicated

## PERSONAL DETAILS: APPLICANT 1:

Title \_\_\_\_\_ Given name \_\_\_\_\_ Surname \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

## HOME ADDRESS:

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

## PREVIOUS ADDRESS:

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

How long did you live at this address? \_\_\_\_\_

Australian citizen:  yes  no Permanent resident:  yes  no

Eligible to work in Australia:  yes  no Visa subclass: \_\_\_\_\_

## Passport information:

Full name (in passport): \_\_\_\_\_

Passport no: \_\_\_\_\_ Country of issue: \_\_\_\_\_

Date of birth: (dd/mm/yyyy) \_\_\_\_\_ Expiry date: \_\_\_\_\_

I authorise the Department of Immigration and Citizenship (DIAC) to release the details of my work rights status (that is, my entitlement to work legally in Australia) to Liberty Oil Corporation Pty Ltd.  yes  no

I understand that these details are held by DIAC on departmental files and computer systems. I further understand that Liberty Oil Corporation Pty Ltd will use this information for the purposes of establishing my legal entitlement to work in Australia, and for no other purpose. I also understand that I allow release of my work rights for a period of 90 days from the date this application is received by Liberty Oil Corporation Pty Ltd.

\*Number of dependants: \_\_\_\_\_ \*Age(s) of dependants: \_\_\_\_\_

Current position and job role: \_\_\_\_\_

Present annual income: \_\_\_\_\_

\* Please note, any of the questions marked with an asterisk are optional



**BUSINESS INFORMATION: APPLICANT 1**

Kindly note that it is a requirement that all applicants must undergo an AFP Police Check prior to Commission Agency being granted. Please provide completed Police Check with your application.

Please specify the Name and A.C.N. of any company you have been a Director of in the past five years:

Company name: .....

A.C.N.: .....

Dates: .....

Company name: .....

A.C.N.: .....

Dates: .....

Company name: .....

A.C.N.: .....

Dates: .....

Have any of the companies committed an act of insolvency or were directors charged with fraudulent conduct? **ayes ano**

If yes, please provide details: .....

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Have you had any debt, criminal or civil proceedings commenced against you within the last three years? **ayes ano**

If yes, please provide details: .....

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**EDUCATION HISTORY: APPLICANT 1**

Name of Institution of your highest training level achieved: .....

Start date: ..... Completion date: .....



**EMPLOYMENT HISTORY: APPLICANT 1**

Company: ..... Position held: .....  
From: ..... To: ..... Reason for leaving: .....  
Company contact: ..... Title: .....  
Phone: ..... Address: .....

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Company: ..... Position held: .....  
From: ..... To: ..... Reason for leaving: .....  
Company contact: ..... Title: .....  
Phone: ..... Address: .....

\* We will contact you prior to conducting a reference check