

Sydney

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Brisbane

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Products Module Questionnaire

Please provide details of the Products Imported by you. If more than four (4), attach an additional list

Product Name	1.	2.	3.	4.
Date First Sold				
Product Description				
Product Use				
Est. Annual Turnover	\$	\$	\$	\$

THE FOLLOWING DETAILS ARE REQUIRED FOR EXPORTED PRODUCTS ONLY

Turnover Exported	\$	\$	\$	\$
Country Sold To	Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify) <input type="checkbox"/>
Company Representation in this Country				

Are any of the above products subject to any Australia / New Zealand or international standards? Yes No

With regards to Products that you source in Australia, do you maintain a written record of all local suppliers and the volume / amount purchased? Yes No

Please check Your questionnaire carefully before signing the declaration below. This is especially important if the questionnaire is not completed in Your own handwriting.

Declaration

I acknowledge that:

- 1) All information given on this Questionnaire and any attachment is true and correct.
- 2) This Questionnaire and any attachment will form part of the Proposal.

I/We declare that the above answers are true to the best of My/Our knowledge and belief and that all material facts which may affect the assessment of the risk have been disclosed.

Your Signature:

Your Name:

Date:

Your Title: