

Australian Government

Department of Broadband, Communications and the Digital Economy Satellite Phone Subsidy Scheme Application for Subsidy Form

Note: You must read pages 1–3 before you fill out this form.

PART A – Application details		5 How did you find out about the Scheme?
1	Have you already purchased the phone?	Dealer
	No	Billboard
	Yes You are not eligible to apply	Friend
2	How many subsidies are you applying for?	Internet
	One	Magazine
	Two (Business/organisation only)	Previous subsidy
	Other (Indigenous corporations, Number of subsidies	Radio
	Health organisations and Emergency services only)*	Scheme brochure
		TV advertising
	*Please attach a statement supporting your claim for more than 2 subsidies.	Word of mouth
3	Have you been approved for a satellite phone subsidy	Other
Ŭ	previously?	
	No Go to question 5	Phone purchaser's details
	Yes If subsidy was provided under a government scheme, give previous approval number	6 Is the applicant a private individual or a business/organisation?
		Private individual 🕢 🕨 Go to PART B
4	Are you applying:	Business/organisation 🗌 🕨 Go to PART C
	• for an additional handset subsidy (business/organisation only)?	
	• to replace a handset previously subsidised through the Scheme?	
	To qualify for a subsidy to replace a handset which is no longer in your possession or is no longer operational, you must have purchased a phone under this scheme three or more years ago and your principal place of residence or the principal operating address of the business is in an area where there is no terrestrial mobile phone coverage. Please also refer to the terms and conditions on page 8 for guidance.	

PA	RT B – Individual's details	PAI	RT C – Business/Organisation's details
	Only complete this Part if you are applying as an individual . If you are applying on behalf of a business or organisation, you need to complete Part C.		Only complete this Part if you are applying on behalf of a business or organisation . Please use the full registered name consistent with the relevant ASIC and/or Australian Business Register listing. Do not enter a trading name.
7	Individual's name		-
	Family name	12	Type of business or organisation
	Given name		Small business
			Community group (non government-funded)
8	Address of your principal place of residence		Indigenous corporation
			Emergency service organisation
			Health organisation
	State Postcode Postal address (if different)		Not-for-profit organisation with less than 20 full-time equivalent employees (non government-funded)
			Educational institution
	State Postcode	13	Name of business/organisation
9	Work phone (STD)		
	Home phone (STD)		
	Mobile phone		
	Fax (STD)	14	Australian Business Number (ABN)
	Email		
		15	Nature of business/organisation's primary function
10	Your occupation		
		16	Details of principal contact person
11	Are you an Australian		Name
	citizen or permanent resident?		
	No Vou are not eligible to apply		Position in the business/organisation
	Yes		
			Work phone (STD)
•	Now go to PART D, you do not need to complete PART C.		Mobile phone
			Fax (STD)
			Email
		17	Principal operating address of the business/organisation
			State Postcode
			Postal address (if different)
			State Postcode
		18	How many people (equivalent to full-time) are employed by the business/organisation including casual, part-time
			and contract workers?

th	the level	his information will be used to determine eligibility and he level of subsidy that may apply, based on coverage nd time spent in areas without coverage.	21	21 Name of dealer			
				Dealer's registration			
19	Do you (<i>please tick one box only: a or b</i>):		number (if known)				
	(a) • live without mobile phone coverage, or			Branch/town			
		 operate a business/organisation with headquarters in a location without mobile phone coverage? 		Contact name			
	If you ticked (a), you must attach certified proof						
		of your street address (for individuals) or the					
		principal operating address (for the business/				Chata Dastas da	
	organisation)*.			State Postcode			
				Business phone (STD)			
	(b)	 spend (as an individual or a business/ organisation) a significant amount of time 		Mobile phone 0431552475			
		in areas without mobile phone coverage					
				Fax		(STD)	
20	Only cor	nplete question 20 if you ticked 19(b)		Email			
	-						
		the total number of days you nd in the area where there is					
	no mobi	le coverage during the two	DAD	סדב ח	eclaratio	n .	
	years fol	lowing purchase of the phone days					
	Name th	ne areas where you spend a substantial amount	22		-	v, You declare that:	
	of time.					d, understood, and agree to comply with, es for Purchasers and the Instructions on	
	Please n	ame specific locations identifiable on standard				\prime for the Scheme	
		or example, the community, station name,				d, understood, and agree to comply with,	
		park, mine site, well-known roads, deserts,				Agreement	
	_	zone or port.		(c) You	understa	nd that You must not purchase the Phone	
	details	eed more space, attach a sheet giving the required		for	a Subsidy	ntil You are notified that Your Application has been approved by Us and You have	
						Approved Purchaser Form, and	
				prov		f Your knowledge, the information he Application is complete and correct in	
				Signatu	Iro		
				Signature			
				E			
				Full nar	me		
		ddress for applicants who ticked 19(a) above		Positior	า		
		s to establish proof of address must include the ne applicant and current address and must be					
		y a Justice of the Peace, bank manager, postal					
		acher of five years, doctor or your dealer as a		Date		/ /	
		ccurate copy of the original. Any of the following s may be used:					
		or permits issued under Commonwealth, state					
		bry law, such as a driver's licence					
•	current s institutio	student cards issued by a tertiary educational on, or				lying as:	
•	fixed net	twork telephone bills or local council rates nts issued in the last 12 months.			ndividua ART G.	I, complete the Subsidy Agreemen	
D p t	Departmer lace of re he princip	of address information will be used by the nt for the purpose of verifying the principal esidence for applicants who are individuals or bal operating address for applicants who are a br organisation.				r organisation – complete the reement at PART H.	

PART G – SUBSIDY AGREEMENT for individuals

IMPORTANT: Only complete this Subsidy Agreement if You are applying as an INDIVIDUAL. If You are applying on behalf of a business or organisation, You need to complete the Subsidy Agreement at PART H.

- You must complete this Agreement before submitting Your application. The Department will countersign this page if Your subsidy is approved.
- You must sign this Agreement in the presence of a witness.

Signed, sealed and delivered by the individual ('You' or 'Your'	AND				
as the case requires): Your full name Your signature	Signed, sealed and delivered for and on behalf of the COMMONWEALTH OF AUSTRALIA , represented by and acting through the Department of Broadband, Communications and the Digital Economy (the Department) ABN: 51 491 646 726 ('Us', 'We' or 'Our' as the case requires) by:				
	Full name of the Department officer				
Date / /	Signature of the Department officer				
In the presence of:	<i>L</i>				
Full name of Your witness					
	Date / /				
Signature of Your witness	In the presence of:				
Æ	Full name of the Department witness				
	Signature of the Department witness				
	Approved purchaser number (to be completed by the Department only if the application is approved)				

PART H – SUBSIDY AGREEMENT for a business or organisation

IMPORTANT: Only complete this Subsidy Agreement if You are applying as a BUSINESS or ORGANISATION, including trustees acting on behalf of trust beneficiaries.

- This Subsidy Agreement must be completed before submitting this application. The Department will countersign this page if Your subsidy is approved.
- This Subsidy Agreement must be executed in the name of the relevant legal entity (for example, this must be the full registered name consistent with the ASIC and/or ABR registers, not a trading name. Refer to www.abr.gov.au and www.asic.gov.au).
- This Agreement must be signed in the presence of a witness.
- A trustee must execute this agreement on behalf of a trust.

Signed, sealed and delivered for and on behalf of the business	AND
or organisation ('You' or 'Your' as the case requires) by:	Signed, sealed and delivered for and on behalf of the
Your full name	COMMONWEALTH OF AUSTRALIA , represented by and
	acting through the Department of Broadband, Communications and the Digital Economy (the Department)
Your signature	ABN: 51 491 646 726 ('Us', 'We' or 'Our' as the case
	requires) by:
<i>k</i>	Full name of the Department officer
Date / /	
	Signature of the Department officer
Your position (that is, Director, Trustee, Partner)	<i>A</i>
Full name of additional signatory (if applicable)	Date / /
	In the presence of:
Signature of additional signatory	Full name of the Department witness
	Signature of the Department witness
Position of additional signatory (that is, Director, Trustee, Partner)	(L)
Who, by signing warrant that they have the authority to bind:	Approved purchaser number (to be completed by the
Full name of business or organisation	Department only if the application is approved)
ABN (if applicable)	Common Seal of business/organisation (if applicable)
In the presence of:	
Full name of Your witness	
Signature of Your witness	
<u>A</u>	
Occupation of Your witness (that is, Director, Trustee,	
Partner)	