



## Business Alliance Programme Expression of Interest

Please complete this form and send back to:-

**Mailing Address**

**Mastering Wealth**  
**Business Alliance Expression of Interest**  
**PO Box 293**  
**Castle Hill NSW 1765**

**Phone: 1300 888 745**

**Fax: 02 8850 4744**

**Email: [info@masteringwealth.com.au](mailto:info@masteringwealth.com.au)**

**Website: [www.masteringwealth.com.au](http://www.masteringwealth.com.au)**

**Personal Details**

<b>Applicant 1</b>
First name _____
Surname _____
Address _____ _____
Postcode _____
Home phone _____
Daytime phone _____
Mobile phone _____
Email _____
Date of birth _____

<b>Applicant 2</b>
First name _____
Surname _____
Address _____ _____
Postcode _____
Home phone _____
Daytime phone _____
Mobile phone _____
Email _____
Date of birth _____

**Your current employment arrangement**

Business Name \_\_\_\_\_  
or Employer \_\_\_\_\_  
Position \_\_\_\_\_  
Dates of employment \_\_\_\_\_



***Please complete the following questions.***

**What attracts you most to the Mastering Wealth Business Alliance Programme?**

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**Please advise what skills and experiences you have developed that will help to position you for success?**

**Skills**

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**Past Experience**

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**Why do you believe you are a suitable Business Alliance for Mastering Wealth?**

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**Do you intend operating this business with a spouse or partner?**

YES  NO

If YES, tell us about their unique skills and experiences.

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**Do you have experience in the Stock and Options Market?**

YES  NO

If YES, please provide details.

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I confirm that all details I have provided in this *“Expression of Interest”* Form are true and correct to the fullest of my knowledge and capability.

I authorise Mastering Wealth to verify details provided in this *“Expression of Interest”* Form if required.

\_\_\_\_\_  
**Signature of Applicant 1**

\_\_\_\_\_  
**Signature of Applicant 2**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**