



Professional 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

Website: www.masteringwealth.com.au

Personal Details

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

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

Your current business details

Business Name _____

Sole Trader: Yes/No

Partnership: Yes/No

Company: Yes/No

ABN (if applicable) _____



Please complete the following questions

Date Business Commenced _____

Registered Business Address _____

Do you intend operating this business with a partner or co-director?

YES

NO

If YES, please provide us with their details:-

Personal Details

First name _____
Surname _____
Address _____

Postcode _____
Home phone _____
Daytime phone _____
Mobile phone _____
Email _____
Date of birth _____

First name _____
Surname _____
Address _____

Postcode _____
Home phone _____
Daytime phone _____
Mobile phone _____
Email _____
Date of birth _____

Do you have experience in the Stock and Options Market?

YES

NO

If YES, please provide details.

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