



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

1 Have you already purchased the phone?

No

Yes ► You are **not** eligible to apply

2 How many subsidies are you applying for?

One

Two (Business/organisation only)

Other (Indigenous corporations, Health organisations and Emergency services only)* ► Number of subsidies being applied for

*Please attach a statement supporting your claim for more than 2 subsidies.

3 Have you been approved for a satellite phone subsidy previously?

No ► Go to question 5

Yes ► If subsidy was provided under a government scheme, give previous approval number

4 Are you applying:

• 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.

5 How did you find out about the Scheme?

Dealer

Billboard

Friend

Internet

Magazine

Previous subsidy

Radio

Scheme brochure

TV advertising

Word of mouth

Other

Phone purchaser's details

6 Is the applicant a private individual or a business/organisation?

Private individual ► Go to PART B

Business/organisation ► Go to PART C

PART B – Individual'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.

7 Individual's name

Family name

Given name

8 Address of your principal place of residence

State

Postcode

Postal address (if different)

State

Postcode

9 Work phone

(STD)

Home phone

(STD)

Mobile phone

Fax

(STD)

Email

10 Your occupation

11 Are you an Australian citizen or permanent resident?

No You are **not** eligible to apply

Yes

▶▶ Now go to PART D, you do not need to complete PART C.

PART C – Business/Organisation's details

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.

12 Type of business or organisation

- Small business
- Community group (non government-funded)
- Indigenous corporation
- Emergency service organisation
- Health organisation
- Not-for-profit organisation with less than 20 full-time equivalent employees (non government-funded)
- Educational institution

13 Name of business/organisation

14 Australian Business Number (ABN)

15 Nature of business/organisation's primary function

16 Details of principal contact person

Name

Position in the business/organisation

Work phone

(STD)

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?

PART D – Details of the remote area and time spent there

This information will be used to determine eligibility and the level of subsidy that may apply, based on coverage and time spent in areas without coverage.

19 Do you (please tick one box only: a or b):

- (a) • live without mobile phone coverage, or
• operate a business/organisation with headquarters in a location without mobile phone coverage?

If you ticked (a), you must attach certified proof of your street address (for individuals) or the principal operating address (for the business/organisation).*

OR

- (b) • spend (as an individual or a business/organisation) a significant amount of time in areas without mobile phone coverage

20 Only complete question 20 if you ticked 19(b)

What is the total number of days you will spend in the area where there is no mobile coverage during the two years following purchase of the phone days

Name the areas where you spend a substantial amount of time.

Please name specific locations identifiable on standard maps—for example, the community, station name, national park, mine site, well-known roads, deserts, fishing zone or port.

If you need more space, attach a sheet giving the required details

* **Proof of address for applicants who ticked 19(a) above**
Documents to establish proof of address must include the name of the applicant and current address and must be certified by a Justice of the Peace, bank manager, postal worker, teacher of five years, doctor or your dealer as a true and accurate copy of the original. Any of the following documents may be used:

- licences or permits issued under Commonwealth, state or territory law, such as a driver's licence
- current student cards issued by a tertiary educational institution, or
- fixed network telephone bills or local council rates statements issued in the last 12 months.

The proof of address information will be used by the Department for the purpose of verifying the principal place of residence for applicants who are individuals or the principal operating address for applicants who are a business or organisation.

PART E – Dealer's details

21 Name of dealer

TeleBiz

Dealer's registration number (if known) D01079

Branch/town Cairns

Contact name Rod Harris

Postal address
PO 867
Bungalow
State QLD Postcode 4870

Business phone (STD 07) 40402000

Mobile phone 417770177

Fax (STD 07) 40402088

Email satphone@telebiz.com.au

PART F – Declaration

22 By signing below, You declare that:

- You have read, understood, and agree to comply with, the Guidelines for Purchasers and the Instructions on How to Apply for the Scheme
- You have read, understood, and agree to comply with, the Subsidy Agreement
- You understand that You must not purchase the Phone unless and until You are notified that Your Application for a Subsidy has been approved by Us and You have been sent an Approved Purchaser Form, and
- to the best of Your knowledge, the information provided in the Application is complete and correct in all respects.

Signature 

Full name

Position

Date

▶▶ If you are applying as:

- an **individual**, complete the Subsidy Agreement at PART G.
- a **business or organisation** – complete the Subsidy Agreement 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' as the case requires):

Your full name

Your signature

Date

In the presence of:

Full name of Your witness

Signature of Your witness

AND

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

Signature of the Department officer

Date

In the presence of:

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 or organisation ('You' or 'Your' as the case requires) by:

Your full name

Your signature

Date

Your position (that is, Director, Trustee, Partner)

Full name of additional signatory (if applicable)

Signature of additional signatory

Position of additional signatory (that is, Director, Trustee, Partner)

Who, by signing warrant that they have the authority to bind:

Full name of business or organisation

ABN (if applicable)

In the presence of:

Full name of Your witness

Signature of Your witness

Occupation of Your witness (that is, Director, Trustee, Partner)

AND

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

Signature of the Department officer

Date

In the presence of:

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)

Common Seal of business/organisation (if applicable)