

LISTING INFORMATION FORM

PLEASE COMPLETE THE FOLLOWING SECTIONS CAREFULLY

SECTION A: ALL VENDORS TO COMPLETE

SECTION B: CHILDCARE CENTRE OWNERS ONLY

SECTION C: DEVELOPMENT SITE OWNERS ONLY

SECTION D: ALL VENDORS TO COMPLETE

SECTION E: ALL VENDORS TO COMPLETE

SECTION A (ALL VENDORS TO COMPLETE)

Sale Type:	Freehold <input type="checkbox"/>	Leasehold <input type="checkbox"/>	Options for Both <input type="checkbox"/>
Owner/Company:	_____	ABN / ACN:	_____
Contact Address:	_____	Postal Address:	_____
Contact Director Name:	_____	Contact BH:	_____
Other Director Name:	_____	Contact AH:	_____
Other Director Name:	_____	Contact Mobile:	_____
Other Director Name:	_____	Contact Email:	_____
Accountant:	_____	Solicitor:	_____
Accountant Phone:	_____	Solicitor Phone:	_____
Accountant Fax:	_____	Solicitor Fax:	_____
Accountant Email:	_____	Solicitor Email:	_____
Landlord Name (if not vendor):	_____		
Landlord Contact Details:	_____		

SECTION B (CHILDCARE CENTRES ONLY)

Centre Name: _____

Address: _____

Date of last fee increase: _____

Amount of last fee increase: _____

Date of next fee increase: _____

Amount of next fee increase: _____

Age Group	Max. Child	Fee day 1	Fee day 2	Fee day 3	Fee day 4	Fee day 5

Total Lic. Places Per Day	
<i>If centre is operated and configured at less than maximum licenced places, state maximum/per day</i>	

DETAILS

Average Occupancy _____

Last Fin Yr % _____

This FinYr % _____

This Month % _____

Accounting Method _____

Cash Deposits

Accruals (Billings)

Last 3 Years Profits and Loss attached _____

Yes

No

To be provided

*(1) Billings for last 4 weeks _____

*(2) No of full time places sold last 4 weeks _____

(3) Average daily fee (1) /(2) _____

Owners Duties: _____

Salary Details of Owner:

YTD Profit and Loss attached Yes

No

To be provided

Last 12 weeks DEEWR Remittance _____

Yes

No

To be provided

Advices attached _____

License attached Yes

No

To be provided

Accreditation attached Yes

No

To be provided

Floor Plan attached Yes

No

To be provided

Photographs of Centre attached Yes

No

To be provided

Purpose Built Yes

No

Part

Air-conditioned Yes

No

Part

Construction Material _____

Floor _____

Ext Wall _____

Roof _____

Age (Yrs) _____

Lot and Plan Number _____

Area _____

*** Any supporting computer printouts of current financial/attendance data to be supplied**

Details of Motor Vehicle if any

Lease if Leasehold attached

Building Area

Land Area

Car Parking

Current Council Rates

No of years owned

Zoning

Local Authority

Staff Roster (incl. pay rates)
attached

Operational Hours

Meals provided

Nappies provided

Computer System used

Yes <input type="checkbox"/>	No <input type="checkbox"/>	To be provided <input type="checkbox"/>
m ²		
m ²		
No. of carparks:		
Amount: \$	For Period: __/__/__ to __/__/__	
years		
Details:		
Details:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	To be provided <input type="checkbox"/>
a.m to p.m		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Software Vendor:		

SECTION C (DEVELOPMENT SITES ONLY)

Please provide the following information

Address:

Lot and Plan Number:

Development Approval and Plan attached

Yes

No

To be provided

Building Area

m2

Land Area

m2

Car Parking

Number:

Zoning

Details:

Local Authority

Details:

SECTION E (ALL VENDORS TO COMPLETE)

PLEASE LIST 5 POSITIVE POINTS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

PLEASE LIST 5 NEGATIVE POINTS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Where did you hear about us

Details:

Has your centre been listed elsewhere

Details:

Do you know anybody else who may be interested in selling?

Details:

Further Comments

Thank you for taking the time to complete the form and for deciding to trust us with the marketing of your property.

Please return this information to your State Manager along with any supporting documentation via email or simply **freefax the information to 1800 600 371**.

Thank you

Kevin Stapleton
Director and National Managing Principal
0409 878352

