





Business Visa Business Talent Assessment



Simply print and complete the form below and send it to:

 **POST: 'Sunset Coast Australian Migration'**
Unit 5, Odeon House, 395 Langworthy Road
Manchester, M6 7AH

Once completed, Sunset Coast Australian Migration will contact you within 5 business days with your assessment appraisal.

 Please ensure all details provided are accurate. We treat all information you provide as confidential. For more information, please visit www.sunmigration.com.au

SECTION 1: CONTACT DETAILS

First Name: _____ Last Name: _____

Email: _____

 Please include area codes for phone and fax numbers

Phone (H): _____ Phone (W): _____

Fax: _____ Mobile: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Country: _____

Website: http:// _____

SECTION 2: PERSONAL DETAILS

Date of Birth: _____ Dependant Children: _____

Marital Status (select one):

- Married Single Divorced
 De Facto Divorced Widowed

Country of Origin: _____

English Level (select one):

- High Moderate Basic

Current Australian Visa (if available): _____

Expiry Date: _____

SECTION 3: VISA DETAILS

For 2 of the last 4 years, you have had net assets in a business of at least AU\$400,000:

- Yes No

For at least 2 of the last 4 years, you have owned and managed a business with an annual turnover of at least AU\$3,000,000:

- Yes No

Your (and if applicable, your spouse's combined) business and personal assets have a net value of at least AU\$1,500,000, which are available for transfer to Western Australia within 2 years of being granted your visa:

- Yes No

SECTION 4: MANAGEMENT DETAILS

Type of business or investment: _____

Location: Metropolitan Regional

Business to be: Purchased Established

Ownership interest: _____%

Net assets to be transferred to Western Australia: AU\$ _____

Number of jobs to be created (full time equivalent): _____

Exporting or replacing imports:

Introducing new skills, technologies, innovations or expertise:

Date Anticipated Arriving: _____

Business Registration/ID No. (eg. ABN, VAT, etc): _____

By signing this assessment form, you agree that all details submitted to the best of your knowledge are true and correct.

Signature: _____ **Date:** _____