

**APPLICATION FORM
BUYERS G.T.A ENTRY PASSES**

BUSINESS TRADING NAME

I apply for Buyers G.T.A. Passes for the following principals and staff of this firm to allow them access to the G.T.A. during Buyer trading hours. I also undertake to return any G.T.A. Pass to Sydney Markets Limited when the holder of such pass ceases to be an employee. The holder will need to reapply for the buyers pass each year.

OFFICE USE ONLY

| FAMILY NAME | GIVEN NAMES | POSTAL ADDRESS (INCLUDE POSTCODE) | PRINCIPAL/EMPLOYEE (MARK WHICH APPLICABLE) | DATE OF BIRTH | PASS NO. ISSUED | I.D SIGHTED (LICENSE NO) |
|-------------|-------------|-----------------------------------|---|---------------|-----------------|-----------------------------|
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Please circle which of the following categories best describes your business:

| | | | | | | | |
|-------------|-----------|------------|----------|-------------|---------|----------|-----------------|
| GREENGROCER | PROVIDORE | RESTAURANT | CATERING | HOSPITALITY | CANTEEN | EXPORTER | OTHER (SPECIFY) |
|-------------|-----------|------------|----------|-------------|---------|----------|-----------------|

| BUSINESS ADDRESS | CONTACT NUMBER | EMAIL | ABN | PARKING LOCATION |
|------------------|----------------|-------|-----|------------------|
| | | | | |

Contact Name:

Mobile No:

Signature of Principal/Director:

Note: Pass fees (\$53.90in GST) to be paid to the Sydney Markets Limited Cashier (D Market) before 9:00 am Monday to Friday.



**Application Form
Buyer GTA Entry
Passes**

CASHIER:

Receipt Number: _____ (attach duplicate receipt)

Signature:

Date:

PHOTO I.D. ROOM OPERATOR:

- Check application form Yes No
- Business Letter attached Yes No
- Receipt sighted Yes No
- Photo I.D. sighted Yes No
- Access areas given Yes No
- Photo taken Yes No
- Pass issued to Team Leader/applicant Yes No

TEAM LEADER:

Passes vetted Yes No

Names of Vettors: _____

Signature:

Date:

OPERATIONS MANAGER:

- Applicant's details complete Yes No
- All vetting levels complete Yes No

Signature:

Date:

TEAM LEADER/ASSISTANT TEAM LEADER:

Issue Pass Yes No

Signature:

Date: