QMS-FOR-84
MARKET BUSINESS NOMINEE FORM

INSTRUCTIONS   (Please **PRINT** all information clearly)

1. Complete Section 1, 2 & 3
2. Confirm your details for the directory on marketfresh.com.au website or the Melbourne Market Navigator App
3. Return this form via one of the following methods:
   - Deliver to the Customer Service Centre, Tenancy 80, Fruit & Vegetable Buyers' Walk
   - Email to customerservice@melbournemarket.com.au
   - Mail to Melbourne Market Authority, Customer Service Centre, 80/35 Produce Drive, Epping, VIC 3076
   - For Customer Service Centre queries Ph: 9258-6123

1   BUSINESS PRINCIPAL DETAILS (*Director/Owner*)

Name of Business	
Principal's Given Name(s)	
Principal's Family Name	Date of Birth / /
Business Address	
Suburb	State Postcode
Postal Address	
Suburb	State Postcode
Mobile No.	Other Contact Phone No.
Email Address	
Position within the Business	

I have read the Operating Rules, available at www.melbournemarkets.com.au/home/market-operations/rules-and-safety, and agree to (tick relevant boxes):

☐ Be the Market Business Nominee to fulfil the responsibilities, as detailed in the Operating Rules for the Market Business; and/or

☐ Authorise the personnel listed in Section 2 as the Market Business Nominee to fulfil the responsibilities as detailed in the Operating Rules for the Market Business.

Business Principal Signature _____   Date   /   /

2.   MARKET BUSINESS NOMINEES 1 (*Authorised Representatives*) *If required*

Given Name(s):	
Family Name:	Date of Birth: / /
Position within Market Business:	
Mobile No.	Other Contact Phone No.
Email Address	

I have read the Operating Rules (available at www.melbournemarkets.com.au/home/market-operations/rules-and-safety) and agree to fulfil the Market Business Nominee responsibilities detailed in the Operating Rules for the Market Business.

Market Business Nominee Signature _____   Date   /   /

Document Owner: Operations, Admin & Customer Service Liaison Officer		**Document Manager:** QMS Co-Coordinator		
Document no: QMS-FOR-84	**Issue date**: 26/07/2022	**Next Review date:** 26/07/2024	**Issue no:** 9	**Page** 1/2

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MARKET BUSINESS NOMINEE 2 (*Authorised Representatives*) *If required*

Given Name(s):	
Family Name:	Date of Birth: / /
Position at Market Business	
Mobile No.	Other Contact Phone No.
Email Address	

I have read the Operating Rules (available at www.melbournemarkets.com.au/home/market-operations/rules-and-safety) and agree to fulfil the Market Business Nominee responsibilities detailed in the Operating Rules for the Market Business.

Market Business Nominee Signature _____   Date: /   /

MARKET BUSINESS NOMINEE 3 (*Authorised Representatives*) *If required*

Given Name(s):	
Family Name:	Date of Birth: / /
Position at Market Business	
Mobile No.	Other Contact Phone No.
Email Address	

I have read the Operating Rules (available at www.melbournemarkets.com.au/home/market-operations/rules-and-safety) and agree to fulfil the Market Business Nominee responsibilities detailed in the Operating Rules for the Market Business.

Market Business Nominee Signature _____   Date: /   /

Privacy Statement: The MMA is committed to protecting the privacy of your personal information. We need to collect and handle your personal information in order to be able to process your application. All the information you give us will be handled in accordance with the Privacy and Data Protection Act 2014. You can gain access to the personal information we hold about you and request that it be corrected if necessary. For further information about privacy contact: privacy@melbournemarket.com.au

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