



# APPLICATION/ DECLARATION FOR MARKET STALLS

## PART 1: PERSONAL INFORMATION

Name:	<input type="text"/>	Contact:	<input type="text"/>
Residential address:	<input type="text"/>	Postal Address:	<input type="text"/>
Email:	<input type="text"/>	Joint ID/TIN:	<input type="text"/>
Vaccination Registration:	<input type="text"/>	1 <sup>st</sup> Dose <input type="checkbox"/>	2 <sup>nd</sup> Dose <input type="checkbox"/>
Age:	<input type="text"/>	Gender:	<input type="text"/>
Marital Status:	<input type="text"/>		
Classification of item sold:	<input type="text"/>		

## PART 2: EMPLOYMENT DETAILS

Occupation:	<input type="text"/>	FNPF No:	<input type="text"/>
Name of Recent/Current Employer:	<input type="text"/>		
Address of Current Employer:	<input type="text"/>		
Contact of Current Employer:	<input type="text"/>		
Start Date of Employment	<input type="text"/>	End Date of Recent Employment:	<input type="text"/>

## PART 3: NOMINEES DETAILS

Nominees to hold after your stall during your absence (sickness, death in the family, personal commitments):

Relationship:

*Note: (Registered stall owners can only nominate immediate family member to look after the stall during their absence with the sole discretion and the decision of the Council or the Market Master in this respect shall be final).*

## PART 4: MEANS TEST

No. of person living in your house (including self):

No. Of people working:

### Details of people living with you who are earning

Name	Age	Employer	Annual Salary/wages	Net monthly Income after FNPF & Tax	Remarks

## APPLICATION/ DECLARATION FOR MARKET STALLS

No. and details of dependents in your households:

Name	Age	Relationship	Why he/she is depending on you

*Note: (Dependant means a person that is unemployed; a person under the age of 18; a person that is physically or mental).*

### Monthly Expenses

Amount spent on food, clothing, household supplies in a week:	
Mortgage Payments:	
Rent:	
Hire Purchase payments:	
Name of creditor(s):	
Insurance Payments:	
Maintenance Payments:	
Vehicle Loan Payments:	
Education Expenses:	
Child care Expenses (not Education):	
Health Care expenses ( Not covered by insurance):	
<b>Other Expenses:</b>	
Vodafone:	
Telephone:	
Internet:	
Water:	
Electricity:	
Sky Pacific:	
Any other expenses:	
Charitable Contributions:	

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# APPLICATION/ DECLARATION FOR MARKET STALLS

## PART 5: DECLARATION

I.....of..... solemnly and sincerely declare that the above particulars is a fair, accurate and true account of the information required from me and I make this solemn declaration believing the same to be true, and by virtue of the Statutory Declaration Ordinance 1970.

DECLARED at..... By the said ..... ]

This.....day of.....2022 ]

After the content had been read over and explained to] .....,.....

Him / her in the English language by me and he / she ]

Appeared to fully understand the meaning and effect ]

thereof. ]

.....  
**A COMMISSIONER FOR OATHS**

*This Declaration is compiled by Nasinu Town Council for and on behalf of its market vendors*

## PART 6: OFFICIAL USE ONLY

This application has been:  Approved  Refused

Stall Allocated:

- a) Financial Assessment (comments based on disposable income and assets)
- b) Occupied stall rating History
- c) General observation/ comments

Signed by Market Team Leader: