



f : SKGAAUSTRALIA

**SKGA Inc.**  
**Sangam Kala Group Australia**  
skgaaustralia@gmail.com  
www.skga.org.au, 61-404989336

ABN 92 413 428 045

P.O.Box 450  
Glen Waverley 3150



## **APPLICATION FORM FOR ALL STALL BOOKINGS & OUR TERMS**

**Event:** SAWAN SPRING CULTURAL FESTIVAL 2017

**Date:** Saturday, 2<sup>nd</sup> December 2017

**Time:** 1.00 pm to 6:00 pm

**Organizer:** SKGA Inc. –Sangam Kala Group Australia

**Location:** Clayton Community Centre, Cooke Street, Clayton 3168

**Application:** Stall for Arts/Craft/Food or items of other descriptions

Please accept my application as an expression of interest to hold a Stall along the lines which we have described in this application at the Sawan 2017.

### **THE APPLICANT DETAILS:**

The Applicant means the person completing this form; and in the case of a partnership, each partner and his heirs, successors and personal representatives; and in the case of a corporation, the corporation and each director; and their successors, assigns, sub-contractors, employees, staff, agents, personal representatives and heirs as the case may be.

Name of Business  
(with website details if  
you have any)

ACN/ABN:

Business Address (PO  
Box only not  
acceptable):

Name of authorised person:

Position of  
authorised person

Phone No.:

Fax No.:



Email:

Mobile No.:

Names of two (2) contacts on the day with mobile, landline and email details:

Mobile No:

**Describe in detail, the kinds of Art/crafts/food items or any other products or services you will sell or promote here:**

A. By completing this form, I have applied to hold a stall of \_\_\_\_\_

at the Sawan 2015 (In the lied space provided please describe in detail the nature of the goods and/ or services that you will be offering at the stall.

- B. If the applicant is a company, the application has been made jointly and severally by the company and its directors.
- C. In support of my application, the Customer has completed the details below.
- D. In consideration of SKGA Inc., agreeing to provide a site to me to hold a stall for the SAWAN 2015 at Clayton Hall, I agree to be bound by and comply with the terms and conditions set out below.
- E. A Director of a company who signs this form agrees that he is signing in his personal capacity, as well as, a director on behalf
- F. SKGA Inc. is not taken to enter into this agreement until it executes the same.

**PRICE:**

1. We require a payment in the sum of **\$\$\$** \_\_\_\_\_ (as agreed) (by way of cheque made payable to SKGA Inc. ), which can be enclosed with a signed copy of this Application.
2. The above payment includes a bond of **\$200**, which may be refundable. The balance of the sum paid less the deposit, is non-refundable if your application is approved.
3. **Payment** must be received by SKGA Inc. on or before 5:00pm, Friday on **28<sup>th</sup> November 2017**, with a signed copy of this Application

For direct deposit, please note our account details below and **send us the deposit receipt** with the name of your business for which you are making the transactions.



Account Name: **SKGA Inc – Sangam Kala Group Australia**

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BSB: **033-385** Account Number: **50-8630**

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**Applicants bank details for refund.**

Your Account Name:

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BSB:

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Account Number:

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**EQUIPMENT PROVIDED**

Each Variety stall, will be provided with the following:

- (a) 1 x chair;
- (b) one (1) Table of approx. 1.8 metre x 0.8 metre
- (c) Power points available as per venue availability.

**INSURANCE COVER AND LIABILITY**

Stall holders will be required to obtain Public Liability Insurance Cover for the duration of the event. For the convenience of stall holders, the name and particulars of a General Insurance Broker is provided and you may contact him. He is Sarat Sharma of the Pioneer Insurance Group and his contact particulars are as follows: Phone: 03 9307 8803 ; Fax : 03 9807 8802 ; Mobile : 0411833951 ; Address: PO Box 3758 Caroline Springs, Vic.3023.

Please note that Stall holders will bear the ultimate responsibility of any claims arising from persons or other third parties as a result of the operation and use of the stall by stall holders. SKGA Inc-Sangam Kala Group Australia will in no manner or form be held legally liable in contract and/or tort and/or breach of duty of any stall holders which give rise to injuries or property damage to third parties howsoever caused to the said third parties as a consequence of the operation and use of the respective stalls by stall holders



**SIGNED AS AN AGREEMENT**

THIS AGREEMENT made the \_\_\_\_\_ day of \_\_\_\_\_ 2013.

**THE APPLICANT:**

*Where the Applicant is a company:*

EXECUTED FOR AND ON BEHALF OF \_\_\_\_\_ )  
\_\_\_\_\_ PTY )  
LTD ACN \_\_\_\_\_ in )  
accordance with section 127 of the )  
Corporations Act: )

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Signature of Director/Secretary\*

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
Print Name of Signatory

*Where the Applicant a Business or Individual:*

Signed by the said \_\_\_\_\_ )  
\_\_\_\_\_)  
\_\_\_\_\_)  
in the presence of: \_\_\_\_\_ )

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print name of Witness

**SATRANGI:**

EXECUTED FOR AND ON BEHALF OF SKGA Inc. )  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Signatory



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Should you have any questions please contact:

Name: Nawal Moudgil	Name: Harry Sharma
Position: Event Director	Position: Stall Co-ordinator
Address: P.O.Box 450, Glen Waverley 3150	Address: P.O.Box 450, Glen Waverley 3150
Mobile No: 0403 167 441	Email: <a href="mailto:skgaustralia@gmail.com">skgaustralia@gmail.com</a> , 0404989336