

ENQUIRY FORM

Large Employer Emergency Financing Facility (LEEFF)

BUSINESS GENERAL INFORMATION	
Name of business	
Headquarters address	
Description of business	
Business annual revenues <i>(FY2019 results)</i>	
Number of employees	
Stock exchange symbol <i>(if publicly listed)</i>	
BUSINESS CONTACT INFORMATION	
Name of contact	
Title of contact	
Email address of contact <i>(must be from the enterprise's corporate domain)</i>	
Phone number of contact	