

To: Shelcom Corporate Services  
Tel: (03) 9578 3888 Fax: (03) 9578 3844

✉ PO Box 282, Ormond, Vic 3204  
📧 companies@shelcom.com.au

### INSTRUCTIONS REGARDING ABN APPLICATIONS

From: Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Signature: \_\_\_\_\_ Email: \_\_\_\_\_

The services provided by, and all orders placed with, Shelcom Corporate Services Australia Pty Ltd ("Shelcom") are subject to Shelcom's Terms and Conditions of Trade which are available on written request or may be viewed at <http://www.shelcom.com.au/trading-terms>. By using Shelcom's services and or by placing an order with Shelcom, you agree to be bound by Shelcom's Terms.

#### DISCLAIMER:

With regards to your order for this ABN Application, we have been requested to prepare documentation on the basis of instructions provided by you in writing, by fax or by email.

We confirm that we do not offer advice as to the circumstances in which the ABN is to be used or whether the ABN structure will be appropriate for your client. We prepare the documentation purely on the information you provide us with.

Under no circumstances do we assume any liability to your clients or to any other persons.

I, \_\_\_\_\_ the Public Officer of the Company named below hereby authorise  
Shelcom Corporate Services to complete and submit the company's application for ABN and TFN on my behalf.

Company Name: \_\_\_\_\_

Trading Name:  (Tick if same as above) \_\_\_\_\_

Company A.C.N.: \_\_\_\_\_

Tax File Number  
(Must be for entity not individual) \_\_\_\_\_

Required to apply for GST:  Yes  No

Required to apply for PAYG:  Yes  No

Is entity exempt from Income Tax:  Yes  No

Is entity eligible for Rebate/Grants:  Yes  No Type: \_\_\_\_\_

Tax Agents Registration Number (if applicable) \_\_\_\_\_

Prefer to use internet for lodgement of ATO forms:  Yes  No Email: \_\_\_\_\_

If GST, Annual Turnover: \_\_\_\_\_

Lodge Activity Statement:  Monthly  Quarterly

Using cash accounting:  Yes  No

If PAYG, estimated annual amount withheld from payment of payees: \$ \_\_\_\_\_ No of employees: \_\_\_\_\_

Paying royalties/dividends, etc: \_\_\_\_\_

Account details for Refunds: BSB: \_\_\_\_\_ Account No: \_\_\_\_\_

Account Name: \_\_\_\_\_

Principal business address: (not PO Box) \_\_\_\_\_

Registered address: (not PO Box) \_\_\_\_\_

Website/Email Address: \_\_\_\_\_

**DIRECTOR DETAILS:**

**(Please provide Director's address if Tax File Number is unavailable.)**

1. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Town & Country of Birth: \_\_\_\_\_  
Tax File No: \_\_\_\_\_  
Position held:  Director  Public Officer

2. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Town & Country of Birth: \_\_\_\_\_  
Tax File No: \_\_\_\_\_  
Position held:  Director  Public Officer

3. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Town & Country of Birth: \_\_\_\_\_  
Tax File No: \_\_\_\_\_  
Position held:  Director  Public Officer

Extra details for Public Officer: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mobile: \_\_\_\_\_

**If you require additional directors, please use this form again as an additional page.**

**PAYMENT DETAILS:**

**Credit Card:**

Visa  Mastercard  Bankcard  AMEX  Diners

Card Number:

Card Holder: \_\_\_\_\_

Expiry Date   /   Card Holders Signature \_\_\_\_\_

**Direct Debit:**

BSB: 063 303  
Account No: 1004 9522

Please quote Invoice No. or company name as reference.