

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: _____

By signing this order form, I accept, on behalf of my firm, full liability for the payment of the invoice relating to this order. Shelcom Corporate Services Australia Pty. Ltd. will not accept transfer of this liability to a third party.

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.