

INSTRUCTIONS REGARDING ABN | GST | PAYG | TFN APPLICATIONS

From: Name: _____
Company: _____
Address: _____
Phone No: _____ Fax No: _____
Signature: _____ Email: _____

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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 of 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 Director / Public Officer of the Company hereby authorise
Shelcom Corporate Services to complete and submit the company's application for ABN and TFN on my behalf.

Type of entity is the applying: Company Partnership Trust Other

Does the entity already have an ABN or previously had an ABN Yes No: If yes, what is your current or previous ABN _____

Would you like to apply for ABN: Yes No : If yes: As of which date: (cannot be more than 6 months in the future) ___/___/___

GST: Yes No If yes: As of which date: (cannot be more than 6 months in the future) ___/___/___

TFN: Yes No If yes: As of which date: (cannot be more than 6 months in the future) ___/___/___

PAYG: Yes No If yes: As of which date: (cannot be more than 6 months in the future) ___/___/___

ABN –Taxation Information

Please select the type of organisation of the applicant:

- Australian Private Company Australian Public Company Cash Management Trust Co-operative Corporate Unit Trust
 Deceased Estate Discretionary Trust- Investment Discretionary Trust-Services Management Discretionary Trust-Trading
 Family Partnership First Home Saver Accounts Trust Fixed Trust Fixed Unit Trust Hybrid Trust Limited Partnership
 Other Incorporated Entity Other Unincorporated Entity Other Partnership Pooled Development Fund Strata Title
 Public Trading Trust Public Unit Trust – Listed Public Unit Trust – Unlisted

Is the applicant a resident of Australia: Yes No

Is the applicant exempt for income tax purposes: Yes No

Is the application for a non-profit organisation: Yes No

ABN – Applicant Information

What is the Australian company's name? _____

What is the Australian company's trading name? (Same as above) _____

Does the Australian Private Company have more trading names? Yes No

Where is the primary business location/address?

(This must be a street address, eg 123 Smith Street, Smithfield and not a post office box number or other delivery point address. This can be your home address if you operate a home based business.)

Address: _____

Suburb: _____

State: _____

Postcode: _____

e-mail address: _____

Phone No. _____

Fax No. _____

What is the postal address for service of notices and correspondence?

(This is the address where government departments and agencies will send notices and correspondence.)

Same as above

Address: _____

Suburb: _____

State: _____

Postcode: _____

e-mail address: (Same as above) _____

Does the company have more than one business location in Australia? Yes No If yes, in which other states: _____

ABN – Associated Details - (Director Details)

1. Surname: Mr Mrs Ms Miss _____

Given names: _____

Address: _____

Date of birth: ___/___/___ Town and country of birth: _____

Tax File Number: _____

Phone: _____ Mobile: _____ Fax: _____

Position held: Director Public Officer

2. Surname: Mr Mrs Ms Miss _____

Given names: _____

Address: _____

Date of birth: ___/___/___ Town and country of birth: _____

Tax File Number: _____

Phone: _____ Mobile: _____ Fax: _____

Position held: Director Public Officer

Associated Details (Organisation / Company)

1. Name: _____

Tax File Number: _____ N/A

Australian Company Number: _____

Position Held: _____

Address of Business: _____

Suburb: _____

State: _____ Postcode: _____

Country: _____

What is the date the Associated Organisation commenced, registered or became incorporated ___/___/___
dd mm yyyy

ABN – Business Activity Details:

Why is the business applying for an ABN?

- New business in Australia Investment Purposes Purchased existing business Contractor/Sub-contractor
 To receive payments for services Change in business structure Other circumstances

Is this the first time in business in Australia for all directors of the company? Yes No

Is the company owned or controlled by Commonwealth, State, Territory or Local Government? Yes No

What is the main Industry in which the business operates?

- Accommodation and Food Services Administrative and Support Service Agriculture Arts and Recreation
 Construction Education and Training Electricity, Gas, Water and Waste Financial and Insurance Forestry
 Fishing Healthcare and Social Assistance Information Media and Telecommunications Manufacturing
 Mining Other Services Public Administration and Safety Professional Technical and Scientific Services
 Rental Hiring and Real Estate Services Retail Trade Transport Postal and Warehousing Wholesale Trade

Describe the main activity from which the business derives the majority of its income:

Also describe the main goods produced or the main services provided by the business:

Does the business operate on agricultural property? Yes No

Your ABN application is now COMPLETE.

See below for GST, PAYG and TFN APPLICATIONS

GST- Application Information

Is the business required to register for GST? Yes No

You are required to register:

- If you are carrying on an enterprise in Australia and your GST turnover is \$75 000 or more (\$150 000 or more for non-profit organisations)
- if you supply taxi or limousine travel for fares
- if you are a representative of an incapacitated entity (where the incapacitated entity is registered or required to be registered)
- if you are a resident agent acting as a non-resident (where the non-resident is registered or required to be registered)

What is the average turnover for the business?

- \$0.00 - \$74,999 \$75,000 - \$149,000 \$150,000 – 1,999,999 2,000,000 – 19,999,999 Over 20,000,000

How often will the business lodge its activity statements?

- Monthly Quarterly Annually

If the Australian Private Company's GST turnover is:

- \$20 million or more it must lodge its activity statement monthly
- Less than \$20 million it can choose to lodge its activity statement either quarterly or monthly

Does the business intend to account for GST on a cash basis? Yes No

Does the business import goods or services into Australia? Yes No

Your GST application is now COMPLETE.

See below for PAYG and TFN APPLICATIONS

Pay As You Go (PAYG) Withholding - Registration

The entity will need to register for Pay As You Go (PAYG) withholding if it withholds amounts for payments made to payees such as:

- Contractors or sub-contractors under a voluntary agreement
- Employees for salary and wages
- Labour hire workers
- Suppliers who have not provided an ABN

What amount does the Australian Private Company expect it will withhold from payments to its payees each year? \$ _____
(This information is used to determine the frequency for making payments to the Tax Office of the amounts withheld.)

How many employees does the Australian Private Company estimate it will pay? _____
(This is the total number of individuals to whom you are likely to make payments. Do not count people under a voluntary agreement or labour hire arrangements in your estimate.)

How does the business intend to provide the PAYG withholding payment summary annual report to the Tax Office?

Paper form supplied by the Tax Office Electronically

How will the business provide payment summaries to its payees?

Using payment summaries supplied by the Tax Office Printing own summaries on plain paper

Will the business pay royalties, dividends or interest to non-residents OR report investment income paid to Australian residents?

Yes No

Your PAYG application is now COMPLETE.

See below for TFN APPLICATIONS

TFN - Registration

Would you like to apply for a TFN based on the information provided above? Yes No
(If no, please complete the ABN application section again)

Your TFN application is now COMPLETE.

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.