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Office: By Appointment Only



ABN Application - Company

Company Name	_ Date	
Contact Name (Firm)	Phone	
Email	Ref No.	
Company Name		
ACN		
You wish to apply for the following		
ABN ■ Yes □ No		
Company tax file number ☐ Yes ☐ No		
GST Number ☐ Yes ■ No		
PAYG Number ☐ Yes ☐ No		
1. This section must be completed (for ABN & TFN)		
Does the Company have a Trading Name (ie Business Name)?	☐ Yes	■ No
Does the Company have more than one Trading Name, if so please list below	W	
1	2	
Does the Company have more than one business location in Australia? if s	o please advise w	here else in Australia
What is the Main Business Industry that the Company operates in?		
Describe the main activity from which the Company derives the majority of	its business incor	ne
Does the Company operate an agricultural property?	☐ Yes	□ No
2. Only complete this section if applying for GST nun	nber	
You are required to register for GST • if you are carrying on an enterprise in Australia and your GST turnover is \$75 000 or • if you supply taxi or limousine travel for fares • if you are a representative of an incapacitated company (where the incapacitated C • if you are a resident agent acting as a non-resident (where the non-resident is regist)	more (\$150 000 or r	d or required to be registered)
What is the Company's annual GST Turnover (approximately)	\$	
How often will you lodge the activity statement?	☐ Quarterly	☐ Monthly
Does the Company intend to account for GST on a Cash or Accrual Basis?	☐ Cash	☐ Accural
Does the Company want to register for Fuel Tax Credits (FTC)?	☐ Yes	□ No
Does the Company import goods or services into Australia?	☐ Yes	□ No

Financial Account det	ails (if available/optional) BSB Account Number
	(Account Details when available can be phoned through to ATO for GST credits etc)
3. Only complete	below if applying for a PAYG number
How many employees d	oes the company estimate it will pay?
What amount does the	Company expect to withhold from payments to its payees each year?
Are you required to regi	ster as an employer of working holiday makers? No Yes
3A. Individual tax	x file numbers
Please supply the Indivi	dual Tax File Numbers for all directors/shareholders for this new company via text to 0403 502 399
Authorisation is hereby	ust be completed given to Shelf Company Services Australia Pty Ltd ACN 608 393 451 to make application for the above our behalf for this Company
Delah Manasa	
Position	
	Date
I attach credit card deta	ails for payment of the ABN Application.
Credit card detai We accept the following Name	ls credit cards - Master, Visa & Amex
Credit Card Number	
Expiry Date	
CVV	
Signature	

Should you wish to deposit payment directly into our bank account via EFT please contact our office for our bank details.

(Please note: funds deposited into our bank account will need to be cleared prior to documents being processed)