



S H E L F
COMPANY SERVICES

ACN 608 393 451
ABN 52 608 393 451

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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

1. _____ 2. _____

Does the Company have more than one business location in Australia? if so please advise where 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 income

Does the Company operate an agricultural property? Yes No

2. Only complete this section if applying for GST number

You are required to register for GST

- 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 company (where the incapacitated Company 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 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 Accrual

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 details (if available/optional)

BSB _____

Account Number _____

Full Account Name _____

(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 does the company estimate it will pay? _____

What amount does the Company expect to withhold from payments to its payees each year? _____

How will the Company provide withholding payment summary annual reports to ATO? Paper form Electronically

How will the Company provide payment summaries to its payees? Own Payment Summaries ATO Supplied Payment Summaries

Are you required to register as an employer of working holiday makers? No Yes

3A. Individual tax file numbers

Please supply the Individual Tax File Numbers for all directors/shareholders of this company

Name of Director _____ Tax File Number _____

Name of Director _____ Tax File Number _____

Name of Director _____ Tax File Number _____

4. This section must be completed

Authorisation is hereby given to Shelf Company Services Australia Pty Ltd ACN 608 393 451 to make application for the above completed sections on our behalf for this Company

Print Name _____

Position _____

Signature _____ Date _____

I attach credit card details for payment of the ABN Application.

Credit card details

We accept the following credit cards - Master, Visa & Amex

Name _____

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)