



SHELF
COMPANY SERVICES

ACN 608 393 451
ABN 52 608 393 451

Free Call: 1300 842 223

Ph: 0755741192

www.shelfcompany.com.au

info@shelfcompany.com.au

Office: By Appointment Only



ABN Application - Individual

Individual Name _____ Date _____
 Contact Name (Firm) _____ Phone _____
 Email _____ Ref No. _____

Individual Name _____

You wish to apply for the following

ABN Yes No
 GST Number Yes No
 PAYG Number Yes No

1. This section must be completed

Does the business have **more than one business location Australia**, if so please advise where else in Australia?

What is the **Main Business Industry** that the individual operates in?

Describe the **main activity** from the business derives the majority of its business income

2. Only complete this section if applying for a 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 Individual (where the incapacitated Individual 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 Individual's **annual GST Turnover** (approximately) \$ _____

How often will you **lodge the activity statement**? Quarterly Monthly

Does the Individual intend to **account for GST** on a Cash or Accrual Basis? Cash Accrual

Does the Individual **import goods** or services into Australia? No Yes

Financial Account details (if available) BSB _____ Account number _____

Full Account Name _____

(Account Details when available can be phoned through to ATO for GST credits etc)

PLEASE NOTE: IF YOU DO NOT HOLD AN ACCOUNT WITH SHELF COMPANY SERVICES AUSTRALIA PTY LTD ACN 608 393 451, PLEASE PROVIDE THE PAYMENT WITH YOUR ORDER. (SEE CURRENT FEE SCHEDULE). EMAIL ALL ORDER FORMS TO info@shelfcompany.com.au.

3. Only Complete below if Applying for a PAYG number

How many **Employees** does the Individual estimate it will pay? _____

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

How will the Individual **provide withholding payment summary** annual reports to ATO? (please tick)

Paper form Electronically

How will the Individual **provide payment summaries** to payees? (please tick)

Own Payment Summaries Tax Office Supplied Payment Summaries

3A. Individual Tax File Numbers

Please supply the Individual Tax File Numbers for all proprietors of the business via text on 0403 502 399

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 Individual.

Print Name _____

Position _____

Signature _____ **Date** _____

I enclose credit card details for payment of this registration.

We accept the following credit cards - Master Card, Visa and Amex

Credit card details

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)