



SHELF  
COMPANY SERVICES

ACN 608 393 451  
ABN 52 608 393 451

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Ph: 0755741192

www.shelfcompany.com.au

info@shelfcompany.com.au

Office: By Appointment Only



# ABN Application - Individual

Individual Name \_\_\_\_\_ Date \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Address \_\_\_\_\_

**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

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### 3A. Individual Tax File Numbers

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

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### 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)