



S H E L F
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 - Trust

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

Trust Name _____

You wish to apply for the following

ABN	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trust tax file number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GST Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PAYG Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. This section must be completed (for ABN & TFN)

Does the Trust have a Trading Name (ie Business Name)? Yes No

Does the Trust have more than one Trading Name, if so please list below

1. _____
2. _____

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

What is the Main Business Industry that the Trust operates in?

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

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 Trust annual GST Turnover (approximately) \$ _____

How often will you lodge the activity statement? Quarterly Monthly

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

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

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.

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)

3. Only complete below if applying for a PAYG number

How many employees does the Trust estimate it will pay? _____

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

How will the Trust provide withholding payment summary annual reports to ATO? _____

(please tick)

Paper form

Electronically

How will the Trust provide payment summaries to its payees? (please tick)

Own Payment Summaries

Tax Office Supplied Payment Summaries

3A. Trustee(s) tax file numbers

Please supply the Individual Tax File Numbers for all trustee(s) of this trust

Name _____ Tax File Number _____

Name _____ Tax File Number _____

Name _____ 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 Trust

Print Name _____

Position _____

Signature _____ Date _____

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

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