



S H E L F  
COMPANY SERVICES

ACN 608 393 451  
ABN 52 608 393 451

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Suite 1E, 109 Upton Street Bundall, QLD 4217



# ABN Application - Trusts

Trust Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Name (Firm) \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Ref No. \_\_\_\_\_

**Name of Trust** \_\_\_\_\_

## 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** (i.e. 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 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 Trust (where the incapacitated Trust 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's **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 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 directors of this Trust

Name \_\_\_\_\_ Tax File Number \_\_\_\_\_

Name \_\_\_\_\_ Tax File Number \_\_\_\_\_

Name \_\_\_\_\_ Tax File Number \_\_\_\_\_

Whilst you did not have to supply your Tax File Number, in doing so it may speed up the application process.

### 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)