

This combined form can be used when ordering a family (discretionary) trust with a corporate trustee.

FORM SECTION: NEW COMPANY DETAILS

COMPANY DETAILS (CORPORATE TRUSTEE)

Name of Company 1st choice

2nd choice

Select the legal elements that apply

State of Incorporation

Is the name the same as an existing Business Name?

Is this a private or a Public Company?

Select the purpose of the company

Please indicate your preferred company constitution

ADDITIONAL SERVICES

Would you like your documents printed, bound and delivered (\$132)?

Yes

Do you wish to appoint ABN Australia as the ASIC Registered Agent for your company (\$330 per annum?)

Yes

ADDITIONAL NOTES

Provide additional notes and/or instructions

PRINCIPAL PLACE OF BUSINESS

Office, Unit, Level

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

REGISTERED OFFICE

At the office of, C/-¹

Office, Unit, Level

Street No. and Name

Suburb/City

State/Territory

Postcode

OFFICEHOLDER/SHAREHOLDER 1

Family Name

Given Names

Former Name

Company Name¹

ACN/ARBN/ABN¹

Office, unit, level, or PO Box No.¹

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Officeholder Details

Office held

Director

Secretary

Chairman

Public Officer

Date of Birth

Place of birth – Town/City

Place of birth – State/Country

¹if applicable

Shareholder Details

Choose Share Class		Number Issued
Issue Price (\$)		Total Issued Share Value (\$)
Held in Trust?	Yes No	Name of Trust ¹
Held Jointly?	Yes No	Name of Joint Shareholder ¹
Address of Joint Shareholder ¹		

OFFICEHOLDER/SHAREHOLDER 2

Family Name	Given Names
Former Name	
Company Name ¹	ACN/ARBN/ABN ¹
Office, unit, level, or PO Box No. ¹	
Street No. and Name	Suburb/City
State/Territory	Postcode
Country (if not Australia)	

Officeholder Details

Office held	Director	Secretary	Chairman	Public Officer
Date of Birth				
Place of birth – Town/City	Place of birth – State/Country			

Shareholder Details

Choose Share Class		Number Issued
Issue Price (\$)		Total Issued Share Value (\$)
Held in Trust?	Yes No	Name of Trust ¹
Held Jointly?	Yes No	Name of Joint Shareholder ¹
Address of Joint Shareholder ¹		

ADDITIONAL OFFICEHOLDER/SHAREHOLDER

Family Name	Given Names
Former Name	
Company Name ¹	ACN/ARBN/ABN ¹
Office, unit, level, or PO Box No. ¹	
Street No. and Name	Suburb/City
State/Territory	Postcode
Country (if not Australia)	

Officeholder Details

Office held	Director	Secretary	Chairman	Public Officer
Date of Birth				
Place of birth – Town/City	Place of birth – State/Country			

¹if applicable

Shareholder Details

Choose Share Class		Number Issued
Issue Price (\$)		Total Issued Share Value (\$)
Held in Trust?	Yes No	Name of Trust ¹
Held Jointly?	Yes No	Name of Joint Shareholder ¹
Address of Joint Shareholder ¹		

ADDITIONAL OFFICEHOLDER/SHAREHOLDER

Family Name	Given Names
Former Name	
Company Name ¹	ACN/ARBN/ABN ¹
Office, unit, level, or PO Box No. ¹	
Street No. and Name	Suburb/City
State/Territory	Postcode
Country (if not Australia)	

Officeholder Details

Office held	Director	Secretary	Chairman	Public Officer
Date of Birth				
Place of birth – Town/City	Place of birth – State/Country			

Shareholder Details

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ADDITIONAL OFFICEHOLDER/SHAREHOLDER

Family Name	Given Names
Former Name	
Company Name ¹	ACN/ARBN/ABN ¹
Office, unit, level, or PO Box No. ¹	
Street No. and Name	Suburb/City
State/Territory	Postcode
Country (if not Australia)	

Officeholder Details

Office held	Director	Secretary	Chairman	Public Officer
Date of Birth				
Place of birth – Town/City	Place of birth – State/Country			

¹if applicable

Shareholder Details

Choose Share Class		Number Issued
Issue Price (\$)		Total Issued Share Value (\$)
Held in Trust?	Yes No	Name of Trust ¹
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Address of Joint Shareholder ¹		

ADDITIONAL OFFICEHOLDER/SHAREHOLDER

Family Name	Given Names
Former Name	
Company Name ¹	ACN/ARBN/ABN ¹
Office, unit, level, or PO Box No. ¹	
Street No. and Name	Suburb/City
State/Territory	Postcode
Country (if not Australia)	

Officeholder Details

Office held	Director	Secretary	Chairman	Public Officer
Date of Birth				
Place of birth – Town/City	Place of birth – State/Country			

Shareholder Details

Choose Share Class		Number Issued
Issue Price (\$)		Total Issued Share Value (\$)
Held in Trust?	Yes No	Name of Trust ¹
Held Jointly?	Yes No	Name of Joint Shareholder ¹
Address of Joint Shareholder ¹		

¹if applicable

FORM SECTION: FAMILY TRUST DETAILS
TRUST NAME

Name of Trust

State of Trust

TRUSTEE 1

Trustee Name

ACN (if company)

Chairman for the minutes (if company)

Street No. and Name

PO Boxes are not acceptable here

Suburb/City

State/Territory

Postcode

Country (if not Australia)

TRUSTEE 2

Trustee Name

ACN (if company)

Chairman for the minutes (if company)

Street No. and Name

PO Boxes are not acceptable here

Suburb/City

State/Territory

Postcode

Country (if not Australia)

SETTLOR

Settlor Name

*The settlor must not be a director of the Trustee Company
– should be independent of Trustee and all beneficiaries*

Settled Sum (\$)

Gift never to be refunded

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

APPOINTOR

Sole Appointor Name

The Appointer must be aged 18 years or older

Upon Appointer Death

Leave blank for personal legal representative

Joint Appointor 2

Joint Appointor 3

Joint Appointor 4

BENEFICIARIES

Exclude Foreign Persons?

Tick this box if you do not want any foreign parties to be beneficiaries of this trust.
Our trust deed will include a provision explicitly excluding foreign parties as primary and secondary beneficiaries.

SA Farming Trust?

Tick this box if this is a South Australian Farming Trust.
PRIMARY BENEFICIARY 1

Given Names (if applicable)

Surname (if applicable)

Company Name (if applicable)

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

PRIMARY BENEFICIARY 2

Given Names (if applicable)	Surname (if applicable)
Company Name (if applicable)	
Street No. and Name	
Suburb/City	State/Territory
Postcode	Country (if not Australia)

PRIMARY BENEFICIARY 3

Given Names (if applicable)	Surname (if applicable)
Company Name (if applicable)	
Street No. and Name	
Suburb/City	State/Territory
Postcode	Country (if not Australia)

PRIMARY BENEFICIARY 4

Given Names (if applicable)	Surname (if applicable)
Company Name (if applicable)	
Street No. and Name	
Suburb/City	State/Territory
Postcode	Country (if not Australia)

PRIMARY BENEFICIARY 5

Given Names (if applicable)	Surname (if applicable)
Company Name (if applicable)	
Street No. and Name	
Suburb/City	State/Territory
Postcode	Country (if not Australia)

ADDITIONAL SERVICES

Would you like your documents printed, bound and delivered (\$77)?

Do you require stamping (\$66)?

South Australia only

Do you require registration for an ABN (\$99)?

Do you wish to register a business name to trade under – 1 year (\$171)?

Do you wish to register a business name to trade under – 3 years (\$224)?

ADDITIONAL NOTES

Provide additional notes and/or instructions

FORM SECTION: ADDITIONAL SERVICES
ABN REGISTRATION

Describe your main business activities (in detail)

Authorised Email Address

Authorised Contact Person

Authorised Phone Number

Est. annual turnover (\$)

Wish to apply for GST?

GST accounting method

BUSINESS NAME REGISTRATION

Business Name

Contact Person

Contact Email Address

DOMAIN NAME REGISTRATION

Domain Name

Domain Suffix

Contact Person

Contact Phone Number

Contact Email Address

ABN & BUSINESS NAME REGISTRATION DECLARATION
Business Name Registration

I declare that ABNAustralia.com.au (ABN 58 615 782 799) is, if required, authorised to submit a business name application to the Australian Securities & Investments Commission (ASIC) on my behalf. I understand that ABNAustralia.com.au will utilise information supplied by me in this form to apply for a business name as instructed.

ABN Registration

I also declare that ABNAustralia.com.au is, if required, authorised to submit an ABN application to the Australian Tax Office on my behalf. I confirm that I have received the consent of all individuals referred to in this application form, to the submission of their personal information contained in this form to ABNAustralia.com.au and to the ATO and ASIC as necessary to process this application. I also confirm:

- I am not disqualified from managing corporations under Section 206B(1) of the Corporations Act 2001.
- Within the last 5 years I have not been convicted of, or released from prison after being convicted of, and serving a term of imprisonment for, any of the criminal offences referred to in Section 32(1)(c) or (d) of the Business Names Registration Act 2011.
- This application is submitted under, and is compliant with, the terms and conditions of the ASIC Electronic Lodgement Protocol.
- The information supplied is, to the best of my knowledge, accurate and complete.
- I understand the best structure for my business (Company).
- I have the TFN, date of birth and name, OR name, address and date of birth for all key people in my business.
- I am not applying just because I have been asked to get an ABN as a condition of employment.
- I meet a number of the key characteristics of a business, or will once started, for example sourcing my own clients, I can delegate my work to others if I choose, I will invoice for my work and set my rate of pay, I will have a bank account for my business separate from my own bank account, I am responsible for my own public liability, professional indemnity and/or workers compensation/ income protection insurance.
- I can provide evidence that I am entitled to an ABN if requested.
- To provide true and correct information in my ABN application. Penalties of up to \$12,600 can apply for each false or misleading statement made in an ABN application.
- Once I have an ABN I must keep it up to date (within 28 days of any change) and cancel it once I am no longer trading or carrying on an enterprise.

ADDITIONAL NOTES

Provide additional notes and/or instructions

FORM SECTION: APPLICANT DETAILS
TRUST AND COMPANY DECLARATIONS

I/we apply for registration of a company on the basis of the information in this form and any attachments. I/we have the necessary written consents and agreements referred to in the application concerning the member and officeholders and I/we shall give the consents and agreements to the company after the company becomes registered. The information provided in this application and in any annexures is true and correct at the time of signing.

To ABNAustralia.com.au: You are appointed to act as our agent to procure a Constitution and ancillary legal documentation from a solicitor, the particulars for such Constitution and legal documents being set out hereinbefore. In consideration for you acting as our agent, payment of solicitors costs, attending to compilation of materials in a register and delivery of same, we shall pay you such amounts as agreed. We confirm all directors and secretaries on this form have consented in writing to their appointments under section 117(5) of the Corporations Act and appoint ABNAustralia.com.au to sign the application for registration of this company as agent on our behalf.

To ABN Australia: You are appointed to act as our agent to procure a Trust Deed and ancillary legal documentation from a solicitor, the particulars for such trust deed and legal documents being set out hereinbefore. In consideration for you acting as our agent, payment of solicitors costs, attending to compilation of materials in a register and delivery of same we shall pay you such amounts as agreed.

Disclaimer – We do not provide legal, accounting, financial or stamp duty advice and therefore take no responsibility for your taxation, legal or other liabilities which may arise from the work we perform on your instructions. We urge you to first obtain legal and accounting advice in relation to your affairs and in particular this transaction.

APPLICANT DETAILS

Firm/organisation (if applicable)

Please select your industry type

Contact Person

Phone Number

Email Address

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

PAYMENT DETAILS

Total Value of Order (\$)

Payment Method

Name of Cardholder

Credit Card Number

Expiry Date

CCV

BANK ACCOUNT DETAILS

Please make bank transfers to:

Bank: ANZ Banking Group

BSB: 015-056

Account: 225324305

Ref: Please use name of Trust