

## APPLICANT DETAILS

|                                |                                  |
|--------------------------------|----------------------------------|
| Firm/organisation <sup>1</sup> | Please select your industry type |
| Contact Person                 | Phone Number                     |
| Email Address                  | Street No. and Name              |
| Suburb/City                    | State/Territory                  |
| Postcode                       | Country (if not Australia)       |
| Delivery Address <sup>1</sup>  |                                  |

## COMPANY DETAILS

|  |   |  |
|--|---|--|
| Name of Company                                    | 1 <sup>st</sup> choice                              |  |
|  | 2 <sup>nd</sup> choice                              |  |
| Select the legal elements that apply               | Is this a private or a Public Company?              |  |
| State of Incorporation                             | Select the purpose of the company                   |  |
| Is the name the same as an existing Business Name? | Please indicate your preferred company constitution |  |

## 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/- <sup>1</sup> | Office, Unit, Level |
| Street No. and Name                | Suburb/City         |
| State/Territory                    | Postcode            |

## OFFICEHOLDER/SHAREHOLDER 1

|   |                           |
|---|---------------------------|
| Family Name                                     | Given Names               |
| Former Name                                     |                           |
| Company Name <sup>1</sup>                       | ACN/ARBN/ABN <sup>1</sup> |
| Office, unit, level, or PO Box No. <sup>1</sup> |                           |
| 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 <sup>1</sup>             |
| Held Jointly?                             | Yes No | Name of Joint Shareholder <sup>1</sup> |
| Address of Joint Shareholder <sup>1</sup> |        |  |

<sup>1</sup>if applicable

**OFFICEHOLDER/SHAREHOLDER 2** (if you required additional associates please complete page 4 and 5 of this form)

Family Name Given Names  
Former Name  
Company Name<sup>1</sup> ACN/ARBN/ABN<sup>1</sup>  
Office, unit, level, or PO Box No.<sup>1</sup>  
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<sup>1</sup>  
Held Jointly? Yes No Name of Joint Shareholder<sup>1</sup>  
Address of Joint Shareholder<sup>1</sup>

**ADDITIONAL SERVICES** (if require please also complete page 3 of this form)

Would you like your documents printed, bound and delivered (\$132)? Yes  
Do you require registration for an ABN (\$99)? Yes  
Do you wish to register a business name to trade under - 1 year (\$171)? Yes  
Do you wish to register a business name to trade under - 3 years (\$224)? 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

**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.

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.

**PAYMENT DETAILS**

Total Value of Order (\$) Payment Method  
Name of Cardholder Credit Card Number  
Expiry Date CCV BSB: 015-056 Account: 225324305

<sup>1</sup>if applicable

**ABN REGISTRATION**

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Describe your main business activities (in detail)

Authorised Email Address

Authorised Contact Person

Authorised Phone Number

Does the company  
wish to apply for GST?

What is your estimated  
annual turnover (\$)?

Preferred GST  
accounting method

**BUSINESS NAME REGISTRATION**

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Business Name

Contact Person

Contact Email Address

**DOMAIN NAME REGISTRATION**

---

Domain Name

Domain Suffix

Contact Person

Contact Email Address

Contact Phone Number

**ABN & BUSINESS NAME REGISTRATION DECLARATION**

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**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. I am not disqualified from managing corporations under Section 206B(1) of the Corporations Act 2001.

**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**

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Provide additional notes and/or instructions

<sup>1</sup>if applicable

**ADDITIONAL OFFICEHOLDER/SHAREHOLDER**

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Former Name  
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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<sup>1</sup>  
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