

**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 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

**DOMAIN NAME REGISTRATION**

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Domain Name

Domain Suffix

Contact Person

Contact Email Address

Contact Phone Number

**ABN & BUSINESS NAME REGISTRATION DECLARATION**

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**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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 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>

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Address of Joint Shareholder<sup>1</sup>

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