



**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>			

**OFFICEHOLDER/SHAREHOLDER 2**


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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			

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

**ADDITIONAL OFFICEHOLDER/SHAREHOLDER**


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

<sup>1</sup>if 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.*

SA Farming Trust?

*Our trust deed will include a provision explicitly excluding foreign parties as primary and secondary beneficiaries.**Tick this box if this is a South Australian Farming Trust.*
**PRIMARY BENEFICIARY 1**

Given Name (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**


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Given Name (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**


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Given Name (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**


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Given Name (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**


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

**ADDITIONAL SERVICES**


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Would you like your documents printed, bound and delivered (\$55)?

Do you require stamping (\$27)

*South Australia only*

Do you require registration for an ABN (\$89)?

Do you wish to register a business name to trade under – 1 year (\$146)?

Do you wish to register a business name to trade under – 3 years (\$194)?

Do you wish to secure a .com.au domain name for your business for 2 years (\$44)?

**ADDITIONAL NOTES**


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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

Wish to apply for GST?

Est. annual turnover (\$)

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