

# Order Form: ABN Application



This order placed by:

Your Name Telephone

Name of your firm Facsimile

Firm address

Email

Please complete and return this form to Castle by: **Email** – [castle@castlecorp.com.au](mailto:castle@castlecorp.com.au) **Fax** – (03) 9890 6699

## General Information

1. Name of entity ACN

2. TFN of entity specified in (1)  No TFN exists for entity specified in (1)

3. Business address  
(please supply physical address)

Postcode

4. Business address listed in (3) is  Principal place of business  Accounting firm of business  Other – please specify next line

5. Mailing address for ATO correspondence

Postcode

6. Email address for ATO correspondence optional

7. ATO queries to be directed to

8. Contact details of person nominated in (7) Business ( ) Mobile ( )

After hours ( ) Fax ( )

Email

9. If the applicant is a company, is this the first time in business in Australia for the company's directors?  Yes  No

10. Do you intend to provide fringe benefits to your staff?  Yes  No

11. Please describe your main business activity

12. Does the entity operate an agricultural property?  Yes  No

13. Do you wish to register for GST?  Yes – go to next question  No – go to "Public Officer Details" section on page 2

14. Estimated annual turnover  Up to \$74,999  \$75k - \$149,999  \$150k - \$1,999,999  \$2m - \$19,999,999  \$20m +

15. BAS lodgment period  Monthly  Quarterly  Annually

16. How will GST be accounted for?  Cash  Accruals

17. Do you want to register for PAYG?  Yes – approx. amount of tax to be withheld \$  No

18. Will the business employ staff/engage contractors and pay wages?  Yes – estimated number of staff:  No

19. Do you import goods/service?  Yes – please provide customs owner code:  No

20. Do you act as a resident agent for a non-resident for GST purposes?  Yes  No

21. Do you intend to apply for a fuel tax credit?  Yes  No

## Public Officer Details

1. <b>Title</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other – please specify:
2. <b>Name</b>	Given names			Last Name	
3. <b>Address</b>					
3. <b>DOB</b>	DD / MM / YY		3. <b>Tax file number (TFN)</b>		
4. <b>Is this person a director of the company</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

## Associated Individuals

1. <b>Title</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other – please specify:
2. <b>Name</b>	Given Names			Last Name	
3. <b>Address</b>					
4. <b>DOB</b>	DD / MM / YY		5. <b>Tax file number (TFN)</b>		
6. <b>Position Held</b>	<input type="checkbox"/> Director	<input type="checkbox"/> Trustee	<input type="checkbox"/> Partner	<input type="checkbox"/> Other please specify:	
1. <b>Title</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other – please specify:
2. <b>Name</b>	Given Names			Last Name	
3. <b>Address</b>					
4. <b>DOB</b>	DD / MM / YY		5. <b>Tax file number (TFN)</b>		
6. <b>Position Held</b>	<input type="checkbox"/> Director	<input type="checkbox"/> Trustee	<input type="checkbox"/> Partner	<input type="checkbox"/> Other please specify:	
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2. <b>Name</b>	Given Names			Last Name	
3. <b>Address</b>					
4. <b>DOB</b>	DD / MM / YY		5. <b>Tax file number (TFN)</b>		
6. <b>Position Held</b>	<input type="checkbox"/> Director	<input type="checkbox"/> Trustee	<input type="checkbox"/> Partner	<input type="checkbox"/> Other please specify:	

## Associated Organisations

1. Full name of organisation	ACN
2. Address	
3. Relationship <input type="checkbox"/> Shareholder <input type="checkbox"/> Trustee <input type="checkbox"/> Partner	
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2. Address	
3. Relationship <input type="checkbox"/> Shareholder <input type="checkbox"/> Trustee <input type="checkbox"/> Partner	
1. Full name of organisation	ACN
2. Address	
3. Relationship <input type="checkbox"/> Shareholder <input type="checkbox"/> Trustee <input type="checkbox"/> Partner	

## Payment Method

<b>Cheque with order form</b> – Please make cheque payable to: Castle Corporate Pty Ltd	<input type="checkbox"/>
<b>Credit Card</b> – Please complete “Credit Card Authorisation” and return with this form	<input type="checkbox"/>
<b>Direct deposit to bank</b> – Account details: NAB; BSB 083-155; Account 66332-9114	<input type="checkbox"/>
<b>Credit terms of 30 days</b> – Approved clients only	<input type="checkbox"/>

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