

Order form: ABN application

Fees for ABN applie	cations								
Service	Fee								
ABN application	\$231 (incl	•							
Handling an ABN application rejection \$330 (incl GST) If your initial ABN application is rejected, we will contact you to find out if you would like us to liaise with the ATO to handle the rejection (\$220)									
	-					these fees are non-refundable,			
even if your application			to complete t						
Order placed by									
Your name				Telephone		Facsimile			
Firm name				Email address					
Firm address									
Payment The entire	ns to powind	4 or 20 days are orby	wailable for o	aproved clients					
Payment – The option									
	🗆 Cheq	lue Please n	ake cheques p	ayable to: Castle Co	orporate Pty Ltd.				
□ Pay now	🗆 Cred	it card Please c	omplete a <u>Cred</u>	dit Card Authorisation form and return with this form.					
i uy now		Account	details:		Please provide referen	ce you will use for direct deposit:			
		deposit NAB, BS	3: 083-543, Acc	count: 66332-9114					
Pay in 14 days w	vith our En	during Credit Card	Authorisati	ion					
					ordor within 20	dave of the invoice date			
□ Pay in 30 days –	· i, the pers	son named above,	agree to pa	y castle for this	order within 30	days of the invoice date.			
General informatio	on								
Name of entity						ACN			
Principle Place of B									
address - Please supply street address									
What is your main l	business								
activity? Please be very specific – <u>view link</u> for examples									
Does the entity operate an									
agricultural propert		□ Yes □ No							
						astle Corporate as an additional			
						our ABN has been finalised, we			
W	in remove ou	r details and the pers	on you list belo	ow will be the ATO	contact.				
Additional contact for ATO queries		Castle Corporate at 03 9898 6666 or castle@castle.corp.com.au							
		Castle Corporate at 03 9898 6666 or <u>castle@castlecorp.com.au</u>							
Ongoing contact pe	erson for								
ATO queries									
·	on	L							
Tax agent registration									
number									
Mailing address for	ATO								
correspondence									
	-	L							
Email address for A	10								
correspondence									
Telephone number	s	Business			After hours				
receptione number	5				Alter hours				
		Mobile			Fax				

Other registratio	ns									
Do you wish to	Yes (Fill in details below. Note: GST registration is compulsory for entities with a turnover more than \$75K or charities with a turnover more than \$150K)									
register for GST?	? 🗆 No									
Estimated annual turnover									0,000 – \$19,999,999 00,000 and over	
BAS lodgement period *Note: Annual BAS lodgements are only permitted for volu				r volun	□ Monthly □ Quarterly □ Annually*					
	GST be accounted for?									
Do you wish to register for PAYO	□ Yes (fill in the details below) G? □ No									
-	mploy staff/engage rs and pay wages?				🗆 No	□ Yes	approx. nu	mber of staff		
If 'Yes', approx. amount of tax you expect to withhold from employees each year?					\$					
Do you import go	Do you import goods and services?					□ Yes				
Do you intend to	Do you intend to apply for a fuel tax credit?					□ Yes		If 'Yes', we will contact you for further information.		
Will you pay royalties, dividends or interest to non- residents OR report investment income paid to Australian residents?					🗆 No	□ Yes				
Associated indivi	iduals									
Individual 1										
Title	🗆 Mr	□ Mrs	5 🗆 Miss 🗆] Ms	🗆 Di	□ Othe	r	ł	please specify	
Name	Given Name(s) Surname									
Address										
DOB	Tax file number							Required		
Position held	□ Trustee □ Director □ Secretary □ Public officer □ Shareholder									
Individual 2										
Title	□ Mr □ Mrs □ Miss □ Ms □ Dr □ Other									
Name	Given Name(s) Surname									
Address										
DOB	Tax file number									
Position held	□ Trustee □ Director □ Secretary □ Public officer □ Shareholder									
Individual 3										
Title	🗆 Mr	🗆 Mrs	s □ Miss □] Ms	🗆 Di	- 🗆 Othe	r		please specify	
Name	Given Name(s) Surname									
Address										
DOB						Tax file	number		Required	
Position held	🗆 Tru	stee 🛛	Director	Secre	etary [□ Public off	ficer 🛛	Sharehold	er	

Associated organisations						
Organisation 1	-					
Full name of organisation If a trust, provide name of trustee						
ACN			Тах	file number	Required	
Address						
Relationship	□ Shareholder	□ Trustee				
Organisation 2						
Full name of organisation If a trust, provide name of trustee						
ACN			Тах	file number	Required	
Address						
Relationship	□ Shareholder	□ Trustee				
Organisation 3						
Full name of organisation If a trust, provide name of trustee						
ACN			Тах	file number	Required	
Address						
Relationship	□ Shareholder	□ Trustee				
Additional information – Use	this space to give us a	ny other inform	ation that ma	ay help us to con	nplete your order.	