

Order form: ABN application

| Fees for ABN applic | cations | | | | | | | | | | |
|--|----------------|--|---------------|-------------|------------------|---------------------|---------|---------------|-------------|--|--|
| Service | | Fee | | | | | | | | | |
| ABN application | | \$220 (incl GST) | | | | | | | | | |
| Handling an ABN application rejection \$220 (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 | | | | | | | | | | | |
| (including GST). Please I | - | | | - | | | | - | | | |
| even if your application | | | | | | - | | | | | |
| Order placed by | | | | | | | | | | | |
| Your name | | Telephone | | Fac | simile | | | | | | |
| | | | | | | | | | | | |
| | | | JL | | | | | | | | |
| Firm name | | | | Email addre | SS | | | | | | |
| | | | | | | | | | | | |
| Firm address | | | | JL | | | | |] | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Payment – The optior | ns to pay in : | 14 or 30 days are only | available for | approv | ved clients. | | | | | | |
| | Chec | ue Please n | nake cheques | payab | le to: Castle Co | rporate Pty Ltd. | | | | | |
| | | | | | | | | | | | |
| Pay now | | Account | • | | | Please provide refe | | | eposit: | | |
| | 니 Bank | ' donocit | | ccount | t: 66332-9114 | | | | | | |
| Pay in 14 days w | ith our Er | during Credit Card | Authorisa | tion | | | | | | | |
| | | son named above, | | | ostla for this | order within 3 | 20 dave | of the inve | vice date | | |
| | | | agree to p | ay ca | | | JO UUYS | or the myt | nee date. | | |
| General informatio | n | | | | | | | | | | |
| Name of entity | | | | | | | ACN | | | | |
| Principle Place of Bu | usiness | | | | | | | | | | |
| address - Please supply str | reet address | | | | | | | | | | |
| What is your main h | aucinocc | | | | | | | | | | |
| What is your main t activity? | Jusiness | | | | | | | | | | |
| Please be very specific – | | | | | | | | | | | |
| view link for examples | | | | | | | | | | | |
| Does the entity operate an | | | | | | | | | | | |
| | | □ Yes □ No | | | | | | | | | |
| agricultural property? | | | | | | | _ | | | | |
| Contact details – To | | | | | | | | | | | |
| | | for the ATO. This will a ur details and the pers | | | | | your AB | N has been fi | nalised, we | | |
| | | | | | | | | | | | |
| Additional contact for ATO | | Castle Corporate at 03 9898 6666 or castle@castlecorp.com.au | | | | | | | | | |
| queries | | | | | | | | | | | |
| Ongoing contact pe | rson for | | | | | | | | | | |
| ATO queries | | | | | | | | | | | |
| Tax agent registration | | | | | | | | | | | |
| number | | | | | | | | | | | |
| Mailing address for ATO correspondence | | | | | | | | | | | |
| | | | | | | | | | | | |
| Empil address for A | то | | | | | | | | | | |
| Email address for ATO | | | | | | | | | | | |
| correspondence | | | | | 1 | | | | | | |
| Telephone numbers | | Business | | | | After hours | 5 | | | | |
| | | Mobile | | | | Fax | (| | | | |
| | | woone | | | | 1 07 | ` | | | | |

| Other registratio | ns | | | | | | | | | | |
|---|--|-------------|------------|-------|-----------------|---|--|---|--------------------------|--|--|
| Do you wish to | Yes (Fill in details below. Note: GST registration is compulsory for entities with a turnover more tha \$75K or charities with a turnover more than \$150K) | | | | | | | | ith a turnover more than | | |
| register for GST? | ? D No | | | | | | | | | | |
| Estimated annual turnover | | | | | □ \$75 <i>,</i> | o \$74,999 000 - \$149,9 0,000 - \$1,99 | | □ \$2,000,000 – \$19,999,999 □ \$20,000,000 and over | | | |
| BAS lodgement period I Monthly Quarterly Annually* *Note: Annual BAS lodgements are only permitted for voluntary registrations or entities with a turnover of less than \$75K. | | | | | | | - | | | | |
| | ST 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 | approx. number 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? | | | | 🗆 No | □ Yes | | | | | |
| Do you intend to | apply fo | or a fuel t | ax credit? | | 🗆 No | □ 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 | | | | | | | | | | |
| 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 | e(s) | | | | Surn | ame | | | | |
| 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. | |
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