Entity name



Order form: ABN application

Fees for ABN applications									
Service	Fee	1							
ABN application Handling an ABN application reject	\$220 (incl	•							
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 note that due to the time it takes to complete the application/handle the rejection, these fees are non-refundable,									
even if your application is rejected. Order placed by									
Your name			Telephone Facsimile						
Firm and an		For all address							
Firm name		Email address							
Firm address									
Payment – The options to pay in	14 or 30 days are only	available for appi	oved clients.						
☐ Chec	que Please m	nake cheques pay	able to: Castle C	Corporate Pty Ltd.					
☐ Pay now ☐ Cred	lit card Please co	Card Authorisati	uthorisation form and return with this form.						
· ·	deposit Account				ce you will use for direct deposit:				
	INAB, BSI	3: 083-543, Accou							
☐ Pay in 14 days with our <u>Er</u>									
☐ Pay in 30 days – I, the per	son named above,	agree to pay (Castle for this	s order within 30	days of the invoice date.				
General information									
Name of entity					ACN				
Principle Place of Business									
address - Please supply street address									
What is your main business									
activity?									
Please be very specific – view link for examples									
Does the entity operate an									
agricultural property?	☐ Yes ☐ No								
Contact details – To ensure we	process your ABN appl	cation as quickly	as possible, we	will initially input Ca	astle Corporate as an additional				
	for the ATO. This will a ur details and the perso				our ABN has been finalised, we				
Additional contact for ATO									
queries	Castle Corporate at 03 9898 6666 or castle@castlecorp.com.au								
Ongoing contact person for									
ATO queries									
Tax agent registration									
number									
Mailing address for ATO									
correspondence									
Email address for ATO									
correspondence									
Telephone numbers	Business			After hours					
	Mobile								
	elidoivi			Fax					

Other registration	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		□ up to \$74,999 □ \$75,000 - \$149,999 □ \$150,000 - \$1,999,999			□ \$2,000,000 – \$19,999,999 □ \$20,000,000 and over					
BAS lodgement period *Note: Annual BAS lodgements are only permitted for volui		-			Quarterly					
How will G				a joi voia				□ Accruals		
Do you wish to register for PAYG			fill in the deta	ils belov						
•	employ staff/engage ors and pay wages?			□ No □ Yes approx. n		approx. number of staff				
If 'Yes', approx. amount of tax you expect to withhold from employees each year?			\$							
Do you import go	ods an	d services	?		□ No	☐ Yes				
Do you intend to	apply f	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	duals									
Individual 1										
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 2										
Title	□ М	r 🗆 Mr	s 🗆 Miss	□м	s 🗆 D	r 🗆 Other	r		please specify	
Name	Given Name(s) Surname									
Address										
DOB						Tax file	number		Required	
Position held	□ Tr	ustee \Box	l Director	_ □ Secr	retary l	☐ Public off	icer 🗆	Sharehold	er	
Individual 3										
Title	□ м	r 🗆 Mr	s 🗆 Miss	□м	s 🗆 D	r 🗆 Other	r		please specify	
Name	Given Nar	me(s)				Surna	ame			
Address										
DOB						Tax file	number		Required	
Position held	☐ Tre	ustee \Box	Director	□ Secr	retary I	☐ Public off	icer 🗆	Sharehold	er	

Associated organisations						
Organisation 1						
Full name of organisation If a trust, provide name of trustee						
ACN			Tax	file number	Required	
Address						
Relationship	☐ Shareholder	☐ Trustee				
Organisation 2						
Full name of organisation If a trust, provide name of trustee						
ACN			Tax	file number	Required	
Address						
Relationship	☐ Shareholder	☐ Trustee				
Organisation 3						
Full name of organisation If a trust, provide name of trustee						
ACN			Tax	file number	Required	
Address						
Relationship	☐ Shareholder	☐ Trustee				
Additional information – Use	this space to give us a	ny other informa	ition that ma	y help us to con	nplete your order.	