ACN REGISTRATION:

Proposed company name:

Business Name:

Registered Office Address:

Business Address:

Director's name(s):

1.
2.

Director's Birth Town/Country:

1.
2.

Shareholders' name(s):

Shareholder's DOB(s):

Shareholder's Birth Town/Country:

How many shares are proposed?

**ABN TFN APPLICATION**

Main industry:

Business activities:

Public Officer's name(s):

Associated individual DOB/ TFN:

(PUBLIC OFFICER N DIRECTORS)

**1.**

• DOB:

• TFN:

**2.**

• DOB:

• TFN:

Authorized contact person, Shareholder(s) of the company:

Name:

• ADDRESS:

• TITLE: Director

• CONTACT NO:

• EMAIL:

Name:

• ADDRESS:

• TITLE:

• CONTACT NO:

• EMAIL:

When does the company require ABN?

Company turnover:

How many employees?

Does the company import goods?

How much tax will be withheld from the wages?