



# Instructions for application for an Australian Business Number (ABN)

## A. ABN Order

### Your details

Name

Date

Organisation

ACN/ABN

Delivery Address

Phone

Email

Your Ref No.

### Delivery options

Fee \$165 (including GST)

**\*Prices are GST inclusive.**

## B. Application Details

### Name of Applicant

[Legal Entity e.g. Individual, Company, Self Managed Superannuation Fund, Trust, or other entity]

Individual

Company

Self Managed  
Superannuation Fund

Trust

Other (please specify)

### Applicant Details

ACN (if applicable)

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ABN

Do you currently have or have you previously held an ABN for the entity you are applying for? If yes:

ABN:

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Tax File Number

or

If you do not have a Tax File Number, would you like us to apply for one on your behalf? **Yes/No**

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Postal Address

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Street Address

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Business Activity

Please provide a detailed business description e.g. "carpentry services", "cleaning shops or offices", "wheat farming" etc.

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Phone

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Email

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### Authorised Contact

[The authorised contact must be able to deal with any issues relating to the business or organisation regarding its ABN]

Name

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Position held

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Mobile

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Phone

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Email

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## Associates Details

[Please see the below information to ensure you provide us with all associates required for your entity type]

### Which associates you need to list:

#### Self Managed Super Fund

All trustees, and if the trustee is a Company, details of all Directors, Secretary, Public Officer and Members.

#### Companies

The public officer, all directors and one company secretary as well as the top 20 shareholders

#### Trusts

All trustees.

#### Partnership

All partners. Corporate limited partnerships also need to provide details of the public officer.

#### Other Incorporated Entity

All office bearers, for example, president, treasurer, secretary or public officer (individuals only) and company secretaries.

#### Other Organisation

All office bearers, for example, president, treasurer, secretary or public officer (individuals only).

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<input type="checkbox"/> Individual	Name and Address:
<input type="checkbox"/> Organisation	ACN/ABN (if applicable):
	Title/s (e.g. Director, Member, Trustee):
	Date of birth (if an individual):
	Tax File Number:
	Number and class of shares (if Company member):

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<input type="checkbox"/> Individual	Name and Address:
<input type="checkbox"/> Organisation	ACN/ABN (if applicable):
	Title/s (e.g. Director, Member, Trustee):
	Date of birth (if an individual):
	Tax File Number:
	Number and class of shares (if Company member):

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<input type="checkbox"/> Individual	Name and Address:
<input type="checkbox"/> Organisation	ACN/ABN (if applicable):
	Title/s (e.g. Director, Member, Trustee):
	Date of birth (if an individual):
	Tax File Number:
	Number and class of shares (if Company member):

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## Date ABN is Required

[Please note the ABN will not be issued until the specified date. The date cannot be more than six months in the future]

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## Acceptance of terms and conditions

By ticking this box, I/we acknowledge that I/we have read and agree to the Document Shop Pty Ltd *terms and conditions and acknowledgement* [available on our website at [www.documentshop.com.au](http://www.documentshop.com.au) or contact us at [info@documentshop.com.au](mailto:info@documentshop.com.au) and we will e-mail or post a copy to you].

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## Payment

Please debit the following credit card by the amount of \$ \_\_\_\_\_ (GST inclusive):

Type of Card    Mastercard    Visa    Bankcard

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ CSC \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

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Please return this order form to [info@documentshop.com.au](mailto:info@documentshop.com.au).

Your order will be processed once payment has been received.