



E: accounts@bodeccia.com
P: + (08) 9490 1300
L: 185 Stirling Street, Perth Western Australia 6000
ABN: 31 652 817 439

DETAILS REQUIRED FOR INDIVIDUAL ABN/TFN/GST REGISTRATION

Date: _____

Registrations Required: ABN TFN GST

For taxation purposes, which type of entity is the applicant?

Individual (Sole trader)

Company, Partnership, Trust or Other Organisations

Superannuation Entity

Name: _____

Address (Full): *(Please do not use PO Box number)*

Phone: _____

Mobile: _____

Fax: _____

Email: _____

Trading Name *(if applicable):* _____
(Registered Trading Name)

Main address trading from *(if different from above address):*

Telephone *(if different from above):* _____

Description of Business Activities:

Date ABN is required from *(Start of Business)* : _____



E: accounts@bodeccia.com
P: + (08) 9490 1300
L: 185 Stirling Street, Perth Western Australia 6000
ABN: 31 652 817 439

Are you an Australian resident for tax purposes? : YES NO

Do you currently have an ABN /or previously had an ABN? : YES NO

Have you applied for Australian Securities and Investments Commission (ASIC)? YES NO

If Yes, please provide your ASIC number: _____

Are you applying for an ABN to operate as a contractor? : YES NO

Will you pay another person to work on your behalf? : YES NO

Will your activities be carried out in Australia?: YES NO

Will you provide heavy equipment? : YES NO

CLIENT PROFILE

Status: New Existing

Tax File Number: _____

Date of Birth: _____

OFFICE USE ONLY

Entered Handitax (if applicable) : YES

File raised: YES

Registration number Status: Received Waiting
(Application copy – file)

Copies:

(1) Client: YES

(2) File: YES

Invoice raised: YES

Date completed: _____

ABN: _____