

BUSINESS NAME – ORDER FORM

NAME OF BUSINESS: 1st choice

2nd choice

3rd choice

REGISTRATION DURATION: 1 Year or 3 Year

BUSINESS DETAILS.

ADDRESS OF BUSINESS:

Must be a street address
a PO Box is not permitted

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ADDRESS FOR SERVICE OF NOTICES:

Must be a street address
a PO Box is not permitted

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EMAIL ADDRESS FOR ASIC CONTACT:

This is an ASIC requirement

MOBILE PHONE NUMBER FOR ASIC CONTACT BY SMS:

This is optional

NAME OF HOLDER (OWNER) OF BUSINESS NAME:

SURNAME: **GIVEN NAMES:**

ABN:

RESIDENTIAL ADDRESS:

.....

DATE OF BIRTH:/...../..... **PLACE OF BIRTH (Town/State/country):**

SURNAME: **GIVEN NAMES:**

ABN:

RESIDENTIAL ADDRESS:

.....

DATE OF BIRTH:/...../..... **PLACE OF BIRTH (Town/State/country):**

SURNAME: **GIVEN NAMES:**

ABN:

RESIDENTIAL ADDRESS:

.....

DATE OF BIRTH:/../..... **PLACE OF BIRTH (Town/State/country):**

If there are more than 3 Holders please attach an additional schedule **Please indicate here**

OR

COMPANY NAME:

ACN:.....

ABN:

OR

TRUST NAME:

ABN:

If the Business Name is to be held by a Trust, details of at least one Representative (usually the Trustee) are required:
If the Trustee is a Company, details of a director are required.

SURNAME: **GIVEN NAMES:**

RESIDENTIAL ADDRESS:

.....

DATE OF BIRTH:/../..... **PLACE OF BIRTH (Town/State/country):**

OR

FULL DETAILS OF OTHER STRUCTURE WHICH IS TO BE THE HOLDER OF THE BUSINESS NAME

THESE MAY INCLUDE A JOINT VENTURE WHERE EACH PARTNER HAS AN ABN, OR A PARTNERSHIP WHICH HAS AN ABN. PLEASE ATTACH A SCHEDULE OF THE DETAILS.

To ABNAustralia.com.au: You are appointed to act as our agent to arrange for the registration of the Business Name. In consideration for you acting as our agent, and attending to payment of ASIC Fees, we shall pay you such amounts as agreed. We confirm all persons named on this form have consented to their details being provided to you and appoint ABNAustralia.com.au to sign the application for registration of this business name as agent on our behalf.

Disclaimer – We do not provide legal, accounting, financial or stamp duty advice and therefore take no responsibility for your taxation, legal or other liabilities which may arise from the work we perform on your instructions. We urge you to first obtain legal and accounting advice in relation to your affairs and in particular this transaction.

APPLICANT DETAILS (FIRM):.....

CONTACT PERSON: PH: FAX:

FULL ADDRESS:.....

EMAIL: SIGNATURE: DATE:/...../.....

PAYMENT REQUIRED WITH ORDER

Amount \$.....

Direct Deposit / EFT

Bank: ANZ Banking Group BSB: 015-056 Account: 225324305 Ref: Please use name of business name

MasterCard

Visa

Card Number: Expiry Date: CCV

Name of Cardholder: Signature:

Please email completed form to contact@abnaustralia.com.au

ADDITIONAL NOTES AND/OR INSTRUCTIONS:

SIGNATURE:

For pricing, please refer to our online price list ([Click Here](#))