

ABN/ACNC instruction sheet

DETAILS REQUIRED FOR ABN APPLICATION (only complete if you require an ABN)

Entity/Trust name

ACN/ABN/ARBN

Entity Type

- | | |
|---|--|
| <input type="checkbox"/> Company limited by guarantee | <input type="checkbox"/> Charitable trust |
| <input type="checkbox"/> Incorporated association | <input type="checkbox"/> Public ancillary fund |
| <input type="checkbox"/> Private ancillary fund | <input type="checkbox"/> Other (please describe) |

Main business activity

Date ABN to be registered

from (cannot be prior to company registration date or trust deed date)

Does the entity have a TFN?

YES or NO

| | |
|--|-----------|
| If the answer is NO , does the Entity wish to apply for an TFN: | YES or NO |
|--|-----------|

| | |
|--------------------|-----------|
| Fringe benefit tax | YES or NO |
|--------------------|-----------|

| | |
|-----------------|-----------|
| Luxury Car tax: | YES or NO |
|-----------------|-----------|

| | |
|-----------------------|-----------|
| Wine equalisation tax | YES or NO |
|-----------------------|-----------|

Does the entity want to register for:

Business address

Postal address

Email address

Authorised contact for the organisation/trust (include all contact details)

Associated individual, responsible person or organisation details

If the entity type is a company, please complete associated individual/responsible person details for each director, secretary and public officer. A secretary and public officer must be appointed.

If the entity type is a trust and the trustee is:

1. an individual or individuals, please complete associated individual/responsible person details; or
2. a company, please complete associated organisation details.

If there are more than 5 associated individuals/responsible persons, please provide the requisite details on an additional page.

Associated individual/responsible person details (e.g. director, trustee)

Full name

Position (director, secretary, public officer or trustee)

Residential Address
(not a PO Box)

Business phone number

Date of birth

Email address

Place of birth

Tax file number (if not provided will delay ABN registration – your name above must match your assessment notice)

Associated individual/responsible person details (e.g. director, trustee)

Full name

Position (director, secretary, public officer or trustee)

Residential Address
(not a PO Box)

Business phone number

Date of birth

Email address

Place of birth

Tax file number (if not provided will delay ABN registration – your name above must match your assessment notice)

Associated individual/responsible person details (e.g. director, trustee)

Full name

Position (director, secretary, public officer or trustee)

Residential Address
(not a PO Box)

Business phone number

Date of birth

Email address

Place of birth

Associated individual/responsible person details (e.g. director, trustee)

Tax file number (if not provided will delay ABN registration – your name above must match your assessment notice)

Associated individual/responsible person details (e.g. director, trustee)

Full name

Position (director, secretary, public officer or trustee)

Residential Address
(not a PO Box)

Business phone number

Date of birth

Email address

Place of birth

Tax file number (if not provided will delay ABN registration – your name above must match your assessment notice)

Associated individual/responsible person details (e.g. director, trustee)

Full name

Position (director, secretary, public officer or trustee)

Residential Address
(not a PO Box)

Business phone number

Date of birth

Email address

Place of birth

Tax file number (if not provided will delay ABN registration – your name above must match your assessment notice)

Associated organisation details (e.g. company that is the trustee)

Company name

ACN/ARBN

ABN

Position

Address

Associated individual/responsible person details (e.g. director, trustee)

Date of incorporation

Tax file number

(if not provided will delay registration)

DETAILS REQUIRED FOR ACNC APPLICATION

Entity/Trust name

ACN/ABN/ARBN

Address for service

(postal and email address)

Business address:

Primary contact for the entity/trust

(include all contact details – full name, date of birth, contact phone number, email address)

Have you provided your organisation's governing documents to Paxton-Hall Lawyers

YES/NO

Entity's subtype

(please tick the applicable box)

- | | |
|---|---|
| <input type="checkbox"/> Advancing health | <input type="checkbox"/> Advancing the security or safety of Australia or the Australian public |
| <input type="checkbox"/> Advancing education | <input type="checkbox"/> Preventing or relieving the suffering of animals |
| <input type="checkbox"/> Advancing social or public welfare | <input type="checkbox"/> Advancing the natural environment |
| <input type="checkbox"/> Advancing religion | <input type="checkbox"/> Any other purpose beneficial to the general public which is analogous to, or within the spirit of the other subtypes |
| <input type="checkbox"/> Advancing culture | <input type="checkbox"/> Advancing public debate |
| <input type="checkbox"/> Promoting reconciliation, mutual respect and tolerance between groups of | <input type="checkbox"/> Health promotion charity (NB: an additional schedule is required) |

DETAILS REQUIRED FOR ACNC APPLICATION

Describe the entity's activities

Please describe the entity's activities and how they achieve or fulfil the charitable purpose

Describe who is (or who will be) helped by the entity's main activities

Does or will the entity provide funding to an organisation operating overseas?

Does or will the entity conduct activities overseas?

individuals that are in Australia

Promoting or protecting human rights

Public benevolent institution
(NB: an additional schedule is required)

YES/NO

If yes, please describe the entity, its purpose and activities:

YES/NO

If yes, please describe the activities, where the activities will be conducted, and who will benefit from the activities:

Financial information

Last financial year ending 30 June 2022

(if the entity/trust was established in the current financial year then this is not applicable)

What was the gross amount of income?

\$

What was the gross amount of expenditure?

\$

Current financial year

What is the estimated gross income for your organisation in the current financial year?

\$

What percentage of income that comes from donations?

%

What percentage of income comes from other fundraising activities?

%

What percentage of income comes from government grants and payments (if any)?

%

Current financial year

What percentage of your organisation's expenditure is devoted to pursuing its purposes outside Australia?

%

What percentage of your organisation's expenditure is devoted to funding other organisations which operate and pursue their purpose outside Australia?

%

Where does your organisation get funds from now?

Where does your organisation intend to get funds from in the future?

Does your financial year end 30 June?

YES/NO. If no, when does your financial year end?

Governance

Does your organisation's activities relate to children and/or vulnerable adults?

YES/NO

If yes, does your organisation have a policy setting out how it safeguards vulnerable people?

YES/NO

If yes, please provide a copy.

Does your organisation have a policy for its directors to disclose perceived or actual conflicts of interests?

YES/NO

If **yes**, please provide a copy.

If **no**, please let us know if you would like us to prepare one.

Your contact details

Name

Company Name

Address

Telephone No

Email

Authority

I/we authorise Paxton-Hall Lawyers Pty Ltd to lodge an ABN and/or ACNC application on our behalf online and that the information supplied in this information sheet is complete and accurate.

Dated: _____ 2023