

Application to Establish as Sole Trader

Registration Type:

ABN only Business Name only ABN and Business Name

Applicant Details

Title: Full Name:

Date of Birth: Place of Birth:

TFN:

Street Address:

Suburb: State: Postcode:

Telephone: Fax:

Email address:

Business Details:

Business and Trading Name:
(If this name is same as your own name, leave this blank)

Nature or Type of Business:
(e.g. plumber, electrician etc.):

Business Street Address:

Suburb: State: Postcode:

Postal address (if not same as street address).

Business Postal Address:

Suburb: State: Postcode:

Additional Details:

Did you have ABN number before, even if cancelled? Yes No

If Yes, please provide your ABN issued before:

Do you need to apply registration for any of the following? Please tick if needed:

GST Pay As You Go Withholding Fringe Benefits Tax

Declaration:

I provide permission for EasySMB Accounting & Taxation to apply an ABN registration and/or Business Name registration on my behalf and in my name. I declare that the above information provided are true and correct and that I am entitled to ABN registration. And I also confirm:

- I am not disqualified from managing corporations under section 206B(1) of the Corporations Act 2001.
- Within the past five years, I have not been convicted of or released from prison after being convicted of, and serving a term of imprisonment for, any of the criminal offences referred to in section 32(1)(c) or (d) of the Business Names Registration Act 2011.

I hereby request that EasySMB Accounting & Taxation to set up the above named sole trader on my behalf and understand that the cost of establishment is payable prior to commencement of work by EasySMB Accounting & Taxation.

Signed..... Date

Name of Applicant:

Please return completed forms to info@easysmb.com.au.