

| Office Use only |  |
|-----------------|--|
| CLIENT CODE:    |  |
| STAFF:          |  |
| DATE:           |  |

## INFORMATION COLLECTION FOR COMPANY FORMATION

| (subject to avai                  | ame of company:<br>lability)  |
|-----------------------------------|---|
| 2. Registered Of                  | ffice address:  |
|                                   |   |
|                                   |   |
| Directors' det                    | ails (to input more than 2 directors, see page 4. Delete if unnecessary)  |
| 3. Director 1                     | a) Full Name:   |
|                                   | b) Date of Birth:   |
|                                   | c) Place of Birth:  |
|                                   | d) Address:   |
|                                   |   |
|                                   |   |
|                                   | e) Occupation:  |
|                                   | f) TFN (optional)   |
|                                   | g) Contact #:   |
|                                   | tor also hold shares:   |
|                                   | shares be held by the directors themselves or on behalf of another entity?  |
| <ol> <li>□ Held by the</li> </ol> | emselves 2) 		On behalf of  |
|                                   |   |
| 4. Director 2                     | a) Full Name:   |
| <u>4. Director 2</u>              | a) Full Name:   |
| <u>4. Director 2</u>              | ,   |
| <u>4. Director 2</u>              | b) Date of Birth:   |
| <u>4. Director 2</u>              | b) Date of Birth:   |
| <u>4. Director 2</u>              | b) Date of Birth:   |
| <u>4. Director 2</u>              | b) Date of Birth:<br>c) Place of Birth:<br>d) Address:  |
| <u>4. Director 2</u>              | b) Date of Birth:   |
| <u>4. Director 2</u>              | b) Date of Birth:   |
|                                   | b) Date of Birth:   |
| h) Will this direct               | b) Date of Birth:         c) Place of Birth:         d) Address:         e) Occupation:         f) TFN (optional)         g) Contact #: |
| h) Will this direct               | b) Date of Birth:   |

## Shareholders who aren't directors (to input more than 3 shareholders, see page 5. Delete if unnecessary)

| 6. Non-Director Shareholder 1     |  |
|-----------------------------------|--|
| a) Full Name:                     | :  |
| b) Address:                       |  |
|                                   |  |
|                                   |  |
| c) ABN (if cor                    | npany):  |
| d) How many shares will they he   | old? out of 120  |
| e) Will the shares be held by the | e shareholder themselves or on behalf of another entity? |
| 1) □ Held by themselves           | 2) 		On behalf of  |
| 7. Non-Director Shareholder 2     |  |
| a) Full Name:                     |  |
| b) Address:                       |  |
|                                   |  |
|                                   |  |
| c) ABN (if cor                    | npany):  |
| d) How many shares will they he   | old? out of 120  |
| e) Will the shares be held by the | e shareholder themselves or on behalf of another entity? |
| 1) 	☐ Held by themselves          | 2)   |
|                                   |  |
| 8.Non-Director Shareholder 3      |  |
| a) Full Name:                     |  |
| b) Address:                       |  |
|                                   |  |
|                                   |  |
|                                   | mpany):  |
| d) How many shares will they he   | old? out of 120  |
| e) Will the shares be held by the | e shareholder themselves or on behalf of another entity? |
| 1) 	☐ Held by themselves          | 2)  On behalf of   |

(to input more shareholders, see page 5. Delete if unnecessary)

## Business Registration (please complete as much information as you can)

| 9. Does the company require an ABN'   | ? 🗆 Ye                  | s 🗆 No                      |                          |                            |
|---|-------------------------|-----------------------------|--------------------------|----------------------------|
| 10. Does the company require a TFN?   | ? 🗆 Ye                  | s 🗆 No                      |                          |                            |
| (if the company is only acting as a trustee of a t  | rust, they only nee     | d an ABN)                   |                          |                            |
| <ul><li>11. What date does the company wan</li><li>12. What is the business activity?</li></ul> |                         | -                           |                          |                            |
|   |                         |                             |                          |                            |
| GST Registration  |                         |                             |                          |                            |
| 13. Does the company need to be reg   | istered for GST         | ?                           | □ Yes □ I                | No                         |
| If no, progress to Q17. If yes;   |                         |                             |                          |                            |
| 14. What is the turnover? □ \$0 - \$75,   | 000 (if yes, they do no | ot need to register for GST | but they can apply for v | oluntary GST registration) |
| □ \$75,000 - \$100,000 □ \$100,000 -  | - \$1,000,000           | □\$1,000,001 -              | \$19,999,999             | □ \$20,000,000+            |
| 15. What reporting basis?   | Cash                    | Accruals                    |                          |                            |
| 16. How often will you lodge activity st  | atements?               | ☐ Monthly                   | Quarterly                | / 🛛 Annually               |
| PAYG Withholding Registration   |                         |                             |                          |                            |
| 17. Will the company employ people?   | □ Ye                    | s 🗆 No                      | ) (If no, there are no   | more questions)            |
| If yes;   |                         |                             |                          |                            |
| 18. How many employees?   | 19. Amount              | to be withheld a            | nnually? \$              |                            |

## EXTRA DIRECTORS & SHAREHOLDERS (DELETE IF UNNECESSARY)

| Director 3             | a) Full Name:       |   |
|------------------------|---------------------|---|
|                        | b) Date of Birth:   |   |
|                        | c) Place of Birth:  |   |
|                        | d) Address:         |   |
|                        |                     |   |
|                        |                     |   |
|                        | e) Occupation:      |   |
|                        | f) TFN (optional)   |   |
|                        | g) Contact #:       |   |
| h) Will this directo   | or also hold shares | ::  |
| i) If yes, will the sl | hares be held by t  | he directors themselves or on behalf of another entity? |
| 1)                     | nselves 2           | 2)  |

| Director 4            | a) Full Name:      |  |
|-----------------------|--------------------|--|
|                       | b) Date of Birth:  |  |
|                       | c) Place of Birth  | :  |
|                       | d) Address:        |  |
|                       |                    |  |
|                       |                    |  |
|                       | e) Occupation:     |  |
|                       | f) TFN (optional   | )  |
|                       | g) Contact #:      |  |
| h) Will this directo  | or also hold share | s: □ No □ Yes out of 120                                 |
| i) If yes, will the s | hares be held by   | the directors themselves or on behalf of another entity? |
| 1)  Held by ther      | nselves            | 2)   |

| Non-Director Shareholder 4                                    |   |
|---|---|
| Full Name:  |   |
| Address:  |   |
|   |   |
|   |   |
| ABN (if company   | ıy):  |
| How many shares will they hold?                               | out of 120  |
| Will the shares be held by the sha                            | reholder themselves or on behalf of another entity? |
| 1) 	☐ Held by themselves                                      | 2)  On behalf of                                    |
| Non-Director Shareholder 5                                    |   |
| Full Name:  |   |
| Address:  |   |
|   |   |
|   |   |
| ABN (if company   | ıy):  |
| How many shares will they hold?                               | out of 120  |
| Will the shares be held by the sha                            | reholder themselves or on behalf of another entity? |
| 1) 	☐ Held by themselves                                      | 2)  |
|   |   |
| Non-Director Shareholder 6                                    |   |
|   |   |
| Full Name:  |   |
| Full Name:<br>Address:  |   |
|   |   |
| Address:  |   |
| Address:<br>ABN (if compar                                    |   |
| Address:<br>ABN (if compan<br>How many shares will they hold? |   |