| HEET | 1 OF | 2 | Initial | sheet |
|------|------|---|---------|-------|
| | | | | |



Change of registration details

Use this form to change the following registration details for the entity:

- entity name or trading name
- postal, email or business address
- authorised contact person
- associates
- main business activity, or
- financial institution account details.



here

Before completing this form

This form can only be completed by a person who is recorded by the Tax Office as being authorised to make changes or update registration details on behalf of the entity.

When completing the form

- Initial the form where directed.
- Print clearly, using a black pen only.
- Use BLOCK LETTERS and print one character in each box, and
- Place |X| in all relevant boxes.

This will ensure that the entity's details are recorded correctly.

After completing the form

- Sign the declaration.
- Keep a copy for your records.
- Mail your completed form to an address shown on the last page of this form.

Other ways you can change your registration details

- Phone 13 28 66 between 8.00am and 6.00pm, Monday to Friday. You must be recorded by the Tax Office as being an authorised contact for the entity.
- Visit www.ato.gov.au/onlineservices to update information online. The entity must be registered for the Tax Office's online services.
 - If you need help completing this form you can:
- phone **13 28 66** between 8.00am and 6.00pm, Monday to Friday, or
- visit www.ato.gov.au

How long did you take to complete this form?

The government is trying to reduce red tape for small business and streamline your dealings with us. Please tell us at the end of this form how long it took to complete this form, including any time you spent obtaining information.

| | obtaining information. | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| S | Section A: Entity information This section is compulsory | | | | | | | | | |
| | ity refers to the sole trader, partnership, company, trust, superannuation fund or other type of organisation that is changing its istration details. | | | | | | | | | |
| 1 | What is the entity's Australian business number (ABN)? | | | | | | | | | |
| 2 | If the entity has a GST or PAYG branch and these changes relate to it, provide the branch number. | | | | | | | | | |
| 3 | What is the ENTITY'S NAME as it appears on the Australian Business Register? | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 4 | From WHAT DATE do you want the changes to take effect? | | | | | | | | | |

| 20 | | | R. | Do | | | | | nt | - + | <u> </u> | -h | 21 | 20 | | th | | nt | ·itv | ı'e | N | Δ | М | F | <u> </u> | | | | | | | | |
|-----------|---|-------|-------------------------|--------------|--------------|-------|----------------------|--------------|--|------|---------------|---|--------|-------|------|-------|--------|--------|--------|---------------------------|---------|------|-------|-------|----------|------|----------|-----|-------|-------|------|---------|--------|
| 00 | Ctic | ווכ | υ. | | у | | | | | | | | | | |) Co | | | _ | | | | IVI | _ | i | | | | | | | | |
| The e | | 's na | ame i | | | | | | | | | | | | | | | | | | | be d | diffe | rent | fro | m th | ne n | ame | e tha | at th | ne e | ntity | trades |
| You r | ou may be contacted to provide documentary evidence of a name change. Entities may provide evidence such as a change of name ertificate from the Australian Securities and Investments Commission. Individuals or sole traders may provide evidence such as a ertificate of marriage from the Registry of Births, Deaths and Marriages. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | e ent | | | _ | - | | | | | | | | Ü | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | |] | | | | | | | | | | | | | | | | | | | | | | |] | الـــال | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Se | ctio | on | C: | Do | _ | | | | | | | _ | | | | | | | _ | | | R/ | /C | 11 | 10 | 1 6 | V | W | ΙE | ? | | | |
| | | | | No | | G | io to |) sec | ction | n D | | | Ye | es | | Co | mple | ete th | nis se | ectic | n | | | | | | | | | | | | |
| The adver | | | | nam busir | | | | e tha | at it | trad | des | und | ler, o | or is | kn(| own a | as by | / sup | plier | 's or | cus | stor | ners | s. It | may | / be | the | nar | me 1 | that | is ı | used | in |
| | | | th | If you | ou w trad | ant t | to C | HAN ne at | NGE qu | E yo | ur e: on 7 | xisti | ing 1 | trad | ling | name | e, pr | ovide | the | nev | v tra | adin | g na | ame | at | que | stio | n 6 | and | | | | |
| 6 | Do | you | _ ⊢ wa | nt to |) AC | D a | a tr | adi | ng | na | me | ? | | | | | | | | | | | | | | | | | | | | | |
| | No | | G | o to q | uesti | on 7 | 7 | | Y | es | | \ | /hat | trad | ding | nam | ie do | you | war | nt to | ad | d? | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | \Box | | | - | \Box | | | | | | | | | | | | | | | | | | | | |
| | | ll l | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you | u war | nt to |]]]] add | more | than | |]]] e tra | | na na | me | , ple | ase | pro | | e th | e det | ails o | on a | sepa | | she she | eet | of p | ape | er. | | | | | | | | |
| - | | | | more | | | | | | | | | | | e th | e det | ails o | on a | sepa | arate | she | eet | of p | ape | er. | | | | | | | | |
| 7 | | | wa | | RE | MC | | | tra | | | an | ne? | • | | e det | | | | | | | | ape | er. | | | | | | | | |
| 7 | Do | | wa | nt to | RE | MC | | | tra | dir | | an | ne? | • | | | | | | | | | | ape | er. | | | | | | | | |
| 7 | Do | | wa | nt to | RE | MC | | | tra | dir | | an | ne? | • | | | | | | | | | | ape | er. | | | | | | | | |
| 7 | Do | | wa | nt to | RE | MC | | | tra | dir | | an | ne? | • | | | | | | | | | | ape | er. | | | | | | | | |
| 7 | Do | | wa | nt to | RE | MC | | | tra | dir | | an | ne? | • | | | | | | | | | | ape | er. | | | | | | | | |
| 7 | Do | | wa | nt to | RE | MC | | | tra | dir | | an | ne? | • | | | | | | | | | | ape | | | | | | | | | |
| 7 | Do | | wa | nt to | RE | MC | | | tra | dir | | an | ne? | • | | | | | | | | | | ape | | | | | | | | | |
| 7 | No No | you | (wa | nt to | RE | m D | | | You and the second seco | dir | ig r | wan wan was was a war war was a war war was a war war was a war war was a war war was a war war war was a war war war war war war war war war w | ne? | trac | |) nam | e do | you | war | nt to | | | e? | | | | | | | | | | |

| Se | ecti | on | D | : D | Оу | / 0 | u v | va | nt | t t | ο ι | Jþ | d | at | е | tŀ | ne | eı | nti | ty | 's | A | D | DI | RE | S | S | D | ΕT | Ά | IL: | S? | | | |
|-----|--------------|----------|--------|-----------------|-----------------------------------|--------------|----------------|-------|-------------|--------------|---------------|-------------|--------------|--------------|-------------|------|-------|-------|------|------|---------|-----|----|------|-------|-------|-----|-----|-------------------|--------|-----|------|---|-------|--|
| | | | | No | |) (| Go to | o sed | ctio | n E | | | Y | es | |) (| Com | nplet | e th | is s | ecti | on | | | | | | | | | | | | | |
| 8 | This This | mu mu | st be | e a st ot be | entit reet a a pos ne ac | ddre t of | ess, fice l | for e | exar num | nple nber | e, 12 or o | 3 S othe | Smit er d | h S elive | t. ery p | ooir | nt ad | ddre | SS. | ess | ? | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sub | urb/tov | Vn/l | Ocalit | | | | | | | | | | | | | | | | | | | | | | | | | Sta | te/Te | errito | n/ | Post | | | |
| | ntry if | | | | ia | | | | | | | | | | | | | | | | | | | | | | | | ave b | | ' y | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | f outsi Austra | | | | | | |
| 9 | | is t | he a | | ntity s who | ere (| gove | rnm | ent | dep | artn | nen | its a | nd | _ | | | | | | | | | | | | | | s bo | x. | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | urb/tov | | | | ia | | | | | | | | | | | | | | | | | | | | | | | | ite/Te | | ry | Post | [| e | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | it | f outsi Austra | de | | | | | |
| 10 | | | | | ntity K LE | | | | | | | | | | eac | h h | ΟY | inclı | ıdin | a fu | ıll eta | nns | Pr | ovid | le or | nlv C | NIE | em | nail a | nddr | 222 | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| Section E: Do you want to update the entity's CONTACT PERSON? |
|--|
| No Oo to section F Yes Oomplete this section |
| 11 Who is the NEW authorised contact person for the entity? Provide details of a person who is authorised to make changes or update information on behalf of the entity, eg tax agent. |
| Title: Mr Mrs Miss Ms Other |
| Family name |
| Preferred name |
| Position held Position held |
| Business hours phone number (a contact number MUST be provided) Mobile phone number |
| After hours phone number |
| Fax number |
| Preferred language, if other than English. |
| |
| 12 Indicate WHICH MATTERS the new contact person has been authorised to deal with on behalf of the entity. (Place X in all the boxes that apply) ABN GST PAYG withholding Income tax Luxury car tax Fringe Benefits Tax Wine equalisation tax Energy grants credits scheme |
| 13 Do you want to ADD MORE than one authorised contact person? |
| No Go to question 14 Yes Provide details of the additional contact people and the matters they are authorised to deal with on a separate sheet of paper. |
| 14 Do you want to REMOVE an authorised contact person? |
| No Go to section F Yes Provide details of the person to be removed as an authorised contact. |
| Title: Mr Mrs Miss Ms Other Miss Family name |
| Preferred name |
| |
| 15 Do you want to REMOVE MORE than one authorised contact person? No. Co to postion F. You Provide details of the authorised contact people you want to remove on a separate |
| No Go to section F Yes Provide details of the authorised contact people you want to remove on a separate sheet of paper. |

| Section F: Do you want to update the entity's ASSOCIATE DETAILS? |
|---|
| No Go to section G Yes Complete this section |
| ax file number disclosure |
| You are not required by law to quote a tax file number, but not quoting it increases the risk of administrative error and may delay this change. If we cannot identify an associate from the information you provide, you may be contacted for more information. |
| an individual who is a public officer, director, office bearer, partner or trustee chooses not to disclose their tax file number, they must inclose their residential address with this form. Similarly, if an entity other than an individual chooses not to disclose its tax file number, it nust enclose its business address, the date it commenced, registered or became incorporated and, if applicable, its ACN or ARBN with his form. |
| 6 Do you want to ADD a new associate? |
| You can have multiple trustees, directors and office bearers, but only one public officer. |
| No Go to section G Yes Provide the new associate's details |
| Position held: Trustee If the trustee is a company, go to question 17. If the trustee is not a company, provide their details below. |
| Public officer |
| Director |
| Provide their details below. |
| Office bearer of a club/association |
| |
| itle: Mr Mrs Miss Ms Other Ms Other Ms |
| |
| irst given name Other given name |
| ax file number (refer to Tax file number disclosure) Day Month Year |
| Date of birth: |
| 7 Is the new associate a trustee company? |
| No So to question 18 Yes Provide the company details |
| company name |
| |
| |
| |
| |
| |
| JIII JIII II JIII II JIII II JIII ACN/ARBN ACN/ARBN — — — — — — — — — — — — — — — — — — — |
| |
| 8 Do you want to ADD MORE than one associate? |
| No Go to section G Yes Provide details of the additional associates on a separate sheet of paper. |
| 10 |

| Se | ection G: Do yo | | ıpdate | the en | tity's l | BUS | INE | SS A | CTIVI | TY | | | | |
|----|---|---|------------------|--------------|----------------------|---------------------|---------|-------------------------------|-----------------------|----------|-----|--|--|--|
| | No No | Go to section H | Yes | Complete | e this sectio | n | | | | | | | | |
| 19 | What is the new MA | IN INDUSTRY the | at the entit | y operate | s in? (Plac | e X i | n ONE l | oox only |) | | | | | |
| | Agriculture | Electricity, ga water s | | Trar | nsport and s | storage | | | E | ducation | 1 | | | |
| | Forestry | Constru | uction | | Commur s | nication ervices | | Health and community services | | | | | | |
| | Fishing | trade | Fina | nce and ins | urance | | 1 | Cul recreational | tural and services | 1 1 | | | | |
| | Mining | Retail | trade | | Prope business s | rty and ervices | | | | onal and | 1 1 | | | |
| | Manufacturing | Accommodation, and restau | | Governn | nent admini and c | stration lefence | | | | | | | | |
| 20 | Describe the NEW N Also describe the main go | | | - | | the ma | jority | of its I | ousiness | incom | e. | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Se | ection H: Do yo ACC (No | ou want to under the control of the section I | • | | tity's 1 | | ncial | inst | titutio | n | | | | |
| 21 | What are the entity's | s financial institut | tion accou | , | | | efund | s? | | | | | | |
| | Refunds will only be paid be held by the entity (sole entity. | | | | | | | | | | | | | |
| | BSB code (please include Full account name | e all 6 numbers) | Account num | nber | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Is the account held by: | | the entity | / | | | | | | | | | | |
| | | the entity joint | tly with others | 3 | | | | | | | | | | |
| | | a tax agent | t for the entity | / | | | | | | | | | | |
| | a legal practitioner | as trustee or executor | r for the entity | / | | | | | | | | | | |
| | If the account you wish to the Commissioner of Taxa phone 13 28 66 between | ation to exercise his dis | scretion to pa | y electronic | | | | | | | | | | |

Section I: **Declaration** – Must be completed by an individual authorised by the entity

Before you sign this form

Please check that you have provided complete and accurate information.

Penalties

Please be aware that penalties may be imposed for giving false or misleading information.

Privacy

The collection of information on this form is authorised by taxation laws for the administration of those laws. Some of the information collected will be used to update your details on the Australian Business Register (ABR). Selected information may be made publicly available and some may be passed to other government agencies, including Commonwealth, State, Territory and local agencies, authorised by law to receive it.

You can find details of the government agencies regularly receiving information from the Australian Business Register at **www.abr.gov. au**. You can also phone us on **13 28 66** between, 8.00am and 6.00pm, Monday to Friday and have a list of agencies sent to you.

| I declare that I am authorised to make this application on behalf of the entity whose Australian business number appears on this form, and that the information given on this form is | Signature |
|---|----------------|
| accurate and complete. | Day Month Year |
| Name of signatory | |
| | |
| | |
| Position held (eg, director, tax agent, trustee or par | rtner) |
| | |
| Time taken to complete this form We estimate this application should take you 20 m If it took more or less, please provide the time take | |

How to lodge this form

Keep a copy of this form for your own records and return the original to:

Australian Taxation Office, Registrations

at one of the following addresses:

VIC/SA/WA/TAS PO Box 3373 ALBURY NSW 2640 NSW/QLD/NT/ACT PO Box 3373 PENRITH NSW 2740