

web order



NEW ENTITY SETUP FORM

for any advice contact admin@bcaccountants.com.au

Complete the below information, save it to your computer, and upload or send back to us with any queries or other details. Your order will be processed same day, and usually delivered to you overnight if received by midday. For urgent orders, an electronic copy may be available once processing has been completed.

CONTACT DETAILS

Your Contact Name	
Phone	
Email	

Please submit your completed order via one of the following:

UPLOAD AT	www.bcaccountants.com.au/setup
FAX TO	BCAA Fax: 1300 019 871
EMAIL TO	tax@bcaccountants.com.au

SELECT ENTITY TYPE		QTY	COST	AMOUNT
COMPANY	Co.Name, Register & Docs, TFN & ABN & ATO registrations		\$1,100	
SUPER FUND	Trust Deeds, Register & Docs, TFN & ABN & ATO registrations		\$650	
UNIT TRUST	Trust Deeds, Register & Docs, TFN & ABN & ATO registrations		\$650	
FAMILY TRUST	Trust Deeds, Register & Docs, TFN & ABN & ATO registrations		\$550	
LRBA BARE TRUST	Trust Deed, Loan & Mortgage Docs (also needs its own trustee co)		\$900	
OTHER	Searches, Amendments, Name & Capital changes etc		POA	
TOTAL	Includes GST if applicable (a tax invoice/receipt will issue)			

ENTITY NAME & DETAILS *For companies please pre-check the availability of your name with the ASIC Search page

Preferred Name 1		Preferred Name 2	
Registered Office		Place of Business	
Address		Address	

TAX REGISTRATIONS (included with above)

TAX REGISTRATIONS		tick	
TAX FILE NUMBER	Required for all entities, except if only acting as trustee	<input type="checkbox"/>	Commencement Date:
ABN	Required for all trading entities, but not investments	<input type="checkbox"/>	Principal Activity:
GST	Required if turnover to exceed \$75,000, otherwise optional	<input type="checkbox"/>	Trading Locations:
PAYG WITHHOLDING	Required if employing staff (inc yourself eg directors fees)	<input type="checkbox"/>	Employee & Wages est:

MEMBER DETAILS *copy and attach additional sheet if more members required

MEMBER DETAILS		tick	
Full Name 1		<input type="checkbox"/>	Director Date of Birth:
Residential Address		<input type="checkbox"/>	Trustee Place of Birth:
		<input type="checkbox"/>	Share/Unitholder No.of Shares/Units:
Tax File Number		<input type="checkbox"/>	Beneficiary/Partner ABN if not individual
Full Name 2		<input type="checkbox"/>	Director Date of Birth:
Residential Address		<input type="checkbox"/>	Trustee Place of Birth:
		<input type="checkbox"/>	Share/Unitholder No.of Shares/Units:
Tax File Number		<input type="checkbox"/>	Beneficiary/Partner ABN if not individual

PAYMENT

Terms are strictly payment on order. Please forward a bank transfer receipt to avoid delay.

<input type="checkbox"/> Credit Card	card number	expiry	visa <input type="checkbox"/>	mastercard <input type="checkbox"/>
<input type="checkbox"/> Bank Transfer	Bank Transfer to:	BSB 064804	ACCOUNT 1344 6452	REF (your name)

AUTHORITY & TERMS

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I confirm that I have received the consent of the above-named and am duly authorised to sign this order on their behalf. I understand that this order is irrevocable and I therefore remain liable for full establishment costs. I recognise that all legal documents are provided by Australian Company Incorporation Services Pty Ltd and that BC Accountants Australia Pty Ltd does not provide any warranty for their contents. The terms of this purchase are under the jurisdiction of Queensland.

I Authorise & agree to the terms of this order