

ANNEXURE 7

ABN and ACNC application form information for Private Schools

Type of Entity: Other unincorporated entity

Is your entity a hospital? No

Entity Name:

This is the entity's legal name. It will be in the format of 'UCA - name of congregation'

Entity's trading name:

List all trading names.

Or tick the box if the trading name is the legal name. As above

Does the entity have a Tax File Number? No

Do you wish to apply for a Tax File Number? Yes
 No

What is the entity's main street location or address?

This cannot be a PO Box.

What is the entity's postal address? As above
Or

This address will be the main address for all notices to be sent to.

Reason for applying for an ABN: Newly created entity established for the first time

What date was the entity established:

What locations does the entity operate in: NSW
 Australian Capital Territory

Will the entity operate outside of Australia: Yes
 No

If yes, list the relevant countries

What extent will the entity pursue its purposes outside Australia? %

What is the entity's charitable purpose: Advancement of Education

Describe the main activity of the entity: Educational Activities
 Other: (Please describe)

Who will be helped by your entity's main activities: Children
 Youth
 Other: (Please describe)

Does your entity operate an agricultural property: Yes
 No

Is the entity a resident for Australian tax purposes: Yes

Is the entity exempt from income tax: Yes

Is the entity a non-profit organisation: Yes

Governing rules of the entity: Attached is a signed copy of the approved constitution
 The governing rules are the Church's by-laws and regulations

The entity wishes to be registered/endorsed for the following:

Tick all that are relevant

- Tax Concession Charity (all that are relevant)
- Registered Charity with the ACNC
- Deductible Gift Recipient
- Goods and Services Tax
- PAYG Withholding

The ACNC and all ATO registration dates will be the same as the ABN start date unless specifically requested to be different.
Business Activity Statements will be lodged quarterly unless specifically requested to be different.
Registration for fuel tax credits if required will need to be completed separately, or contact for further information.

Does the entity use cash or accrual accounting methods:

- Cash
- Accrual

Does the entity import goods or services into Australia:

- Yes
- No

Financial information

Financial year end date:

- 30 June
- Other: (Please insert date)

If other, briefly explain why this is necessary

Last financial year's gross income: \$0

Last financial year's gross expenditure: \$0

Current financial year's estimated gross income: \$

What percentage of income is from:

- Donations
- Other fundraising activities
- Government grants and payments

Total: 100%

What percentage of expenditure will be devoted to pursuing purposes outside of Australia?

%

Where does the entity receive its funds from:

List sources

Where will the entity receive funds from in the future:

List sources

How many employees does the entity estimate it will have:

What amount of PAYG Withholding does the entity estimate it will withhold from payments to employees per annum:

The entity will use ATO paper forms for Annual Payment Summaries:

 Yes
 No

Will the entity pay royalties, dividends or interest to non-residents or report investment income paid to Australian residents:

 Yes
 No

What is the entity's bank account details:

BSB
Account number
Account name

Without this information, any refunds from the ATO will not be processed.

Deductible Gift Recipient endorsement

You are applying for:

 Endorsement of your entity as a whole
 Endorsement for a fund, authority or institution you own or include

Legal name of the fund, authority or institution:

Address of the fund, authority or institution, if different from main address:

Which DGR number are you applying for:

Is your fund, authority or institution in Australia:

 Yes
 No

Does the ATO require additional forms to be completed?

 Yes
 No

If yes, please attach these completed forms.

Official ACNC contact person

The following person will be the nominated ACNC contact person who will be treated as the primary contact for service of all correspondence from the ACNC.

If an email address is provided, all ACNC correspondence will be sent to that email address.

Male Female Mr Mrs Ms Miss Other:

Family name		
First name		
Given names		
Date of Birth		
Tax File Number (not compulsory)		
Residential address		
Suburb		
State	Postcode	

Phone number
 Mobile
 Email
 List any other names this person has been known by previously.

Does this person receive any private benefit from the entity:
 Yes
 No
 Describe the benefits received (if any).

Is this person also on the governing body of the entity:
 Yes Position:
 No

How many people are members of your governing body:
 These persons are known as Associates for the ABN application and Responsible Persons for the ACNC application.

Members of the entity's governing body

This section needs to be completed for all members of the entity's governing body.
 This includes all Church Council members. Copy this page as many times as required.

Male Female Mr Mrs Ms Miss Other:

Family name
 First name
 Given names
 Date of Birth
 Tax File Number (not compulsory)

Residential address
 Suburb
 State Postcode

Phone number
 Mobile
 Email
 List any other names this person has been known by previously.

Does this person receive any private benefit from the entity:
 Yes Position:
 No
 Describe the benefits received (if any).

Male Female Mr Mrs Ms Miss Other:

Family name
 First name
 Given names
 Date of Birth
 Tax File Number (not compulsory)

Residential address
 Suburb
 State Postcode

Phone number
 Mobile
 Email
 List any other names this person has been known by previously.

Does this person receive any private benefit from the entity:
 Yes Position:
 No
 Describe the benefits received (if any).

Male Female Mr Mrs Ms Miss Other:

Family name
 First name
 Given names
 Date of Birth
 Tax File Number (not compulsory)

Residential address
 Suburb
 State Postcode

Phone number
 Mobile
 Email
 List any other names this person has been known by previously.

Does this person receive any private benefit from the entity: Yes No
 Position:

Describe the benefits received (if any).

ACNC public register

Do you wish any information to be withheld from the ACNC public register?
 Please note, residential address, TFN and personal contact details (such as telephone numbers and email address) are not disclosed by the ACNC.

If yes, please provide details of which information should be withheld and your reasons why.

Declaration

I declare the information contained in this document (and attachments as may be required) is true and correct.

I, on behalf of my organisation and in accordance with section 190-25 of the Australian Charities and Not-for-profits Commission Act 2012, appoint Uniting Resources as agent for the purpose of ensuring the necessary documents to make an application to register as a charity and to complete the responsible persons change forms as required (or their equivalent) can be lodged as appropriate with the ACNC.

I also explicitly permit Uniting Resources to appoint a further agent to act on our organisation's behalf in relation to ensuring the necessary ACNC documents are completed and lodged and should Uniting Resources appoint such an agent, I also provide authorisation for that agent to complete and submit the documents as required.

I also request Uniting Resources to facilitate the acquisition of an Australian Business Number for the organisation.

Name:

Date:

Name of organisation:

Uniting Resources Declaration

I, on behalf of Uniting Resources, appoint:

Name: _____

to act as agent in accordance with the permission granted from the above declaration to complete and submit appropriate documents with the ACNC.

I acknowledge I have the appropriate authority to sign this declaration on behalf of Uniting Resources.

Name: _____

Date: _____