

Excise registration

When to use this form

Use this form to register for an excise account.

Filling in your form electronically

- Fill in the form electronically by typing straight into the boxes provided.
- Make sure you answer all questions marked with an *.
- Once you've completed the form, you can save or print it by selecting the buttons at the end of the form.

For help filling in this form, refer to the $\underline{\text{instructions}}$ or phone us on 1300 137 290.

Your details
Name* (legal name of the person or business registering for an excise account)
Australian business number (ABN)
1 While it is not compulsory to provide your ABN, it will help us process your application promptly.
Registration details
Type of goods*
Alcohol and alcohol products
Fuel and petroleum based products
Tobacco products
Reason for registration*
Prepayment of excise/delivery authority
Apply for a licence or permission
Lodge a claim
Tobacco for scientific purposes

Addresses					
Business address*					
Street number and name*					
Suburb/town/locality*			St	tate/territory*	Postcode*
Postal address*					
Same as business address					
Street number and name or post office box					
Suburb/town/locality			St	tate/territory	Postcode
Authorised Contact deta	nils				
You can nominate another person to contact		pehalf for all matters relating to this ac	count.		
Title: Mr Mrs Miss Ms	Other				
Family name					
First given name		Other given name or names			
Position held					
Director CEO Site Manager					
Other Describe					
Business phone	Mobile				
Business email address					
Financial institution deta	ails				
Provide your Australian financial institution det		account.			
BSB	Account	number			
Account name					

Declaration

Privacy

Tax law authorises us to collect information and disclose it to other government agencies. This includes personal information of the person authorised to sign the declaration. For information about your privacy, go to ato.gov.au/privacy

If you are applying on your own behalf

I declare that the information provided in this document is true and correct.

If you are an agent

- I have prepared this document in accordance with the information supplied by the entity.
- I have received a declaration from the entity stating that the information provided to me is true and correct.
- I am authorised by the entity to give this document to the Commissioner.

Name*	
Position held*	
Business phone*	
Business email address	
Sign and date below if you are sending by mail*	
	Date
	Day Month Year

Lodging your application

Keep a copy of your completed application form for your records. Lodge the original through:

- secure mail in Online services for business
- practice mail in Online services for agents
- mail to

Australian Taxation Office PO Box 3514 ALBURY NSW 2640