



Australian Government



TAX PRACTITIONERS BOARD

Schedule of personal details

Completing this form

This form should accompany an application for registration as a company or partnership, tax or BAS agent.

- Print clearly in BLOCK LETTERS using a black or blue pen.
- Place X in ALL applicable boxes.
- If insufficient space is provided at any item, please attach the additional information.

Office use only
Tax or BAS agent number <input type="text"/>
Reference numbers <input type="text"/> <input type="text"/> <input type="text"/>

Tax or BAS agent details

1. Who does this schedule relate to?

Director Individual partner Director of a company partner

2. Is this schedule part of a new application for tax agent or BAS agent registration?

No Yes Provide details

Name of tax or BAS agent

3. Is this schedule associated with an existing tax agent or BAS agent registration?

No Yes Provide details

Tax or BAS agent number

Individual details

4. Full name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

5. Residential address

This must be a street address, for example, 123 Smith Street, Suburb/town, State, Postcode.
This cannot be a post office box number, roadside mail bag, roadside delivery or other delivery point address.

Suburb/town

State/Territory

Postcode

Residential phone number

Mobile phone number

Day

Month

Year

6. Date of birth (dd/mm/yyyy)

7. Tax file number (TFN)

You are not required to provide a TFN. However, if you do not provide a TFN there may be delays in processing your application.

If you do not have a TFN, has an application for a TFN been lodged?

No Yes Date application lodged (dd/mm/yyyy)

Day

Month

Year

8. Preferred delivery address

Residential Postal

9. Postal address

Suburb/town

State/Territory

Postcode

10. Are you currently or have you previously been registered as a tax agent, a BAS agent or a nominee of a tax agent?

No Yes Provide details

Name under which you are/were registered

State in which you are/were registered

Tax agent or BAS agent number

11. Are you a member of any tax agent associations?

No Yes Provide details

Name of association

Membership number

Name of association

Membership number

Name of association

Membership number

12. Are you a member of any BAS agent associations?

No Yes Provide details

Name of association

Membership number

Name of association

Membership number

Name of association

Membership number

13. Do you currently hold any form of professional indemnity insurance?

No Yes Provide details

Name of insurer

Policy details (including level of cover and excess)

14. Have you been convicted of a serious taxation offence?

No Yes Define and state details, including the year the event occurred

15. Have you been convicted of an offence involving fraud or dishonesty?

No Yes Define and state details, including the year the event occurred

16. Have you been penalised for being a promoter of a tax exploitation scheme?

No Yes Define and state details, including the year the event occurred

17. Have you been penalised for implementing a scheme that has been promoted on the basis of conformity with a product ruling in a way that is materially different from that described in the product ruling?

No Yes Define and state details, including the year the event occurred

18. Have you had the status of an undischarged bankrupt at any time?

No Yes Define and state details, including the year the event occurred

19. Have you been sentenced to a term of imprisonment?

No Yes Define and state details, including the year the event occurred

20. Have you served a term of imprisonment?

No Yes Define and state details, including the year the event occurred

21. Identify two independent, non family members that you authorise the Board to contact to verify that you are a fit and proper person.

1 Full name

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Contact number

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2 Full name

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Contact number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

22. Are there any other matters which may affect your fitness and propriety?

No Yes Provide details

Declaration

Before you sign this declaration, please ensure that you have answered all relevant questions and that the information provided, including any supporting documentation is true and correct.

Privacy

The Tax Practitioners Board is authorised by the *Tax Agent Services Act 2009* to collect all the information requested in this form for the purpose of administering the *Tax Agent Services Act 2009*.

Some of the information requested may be provided to other government agencies, including the Australian Taxation Office, where the Tax Practitioners Board is authorised by law to do so.

You are not required to provide your tax file number (TFN), however if you do not provide your TFN there may be delays in processing your application.

The Tax Practitioners Board may seek information from the Australian Taxation Office in relation to your tax obligations and/or the tax obligations of any other relevant entities associated with the application

I declare that all information given in this schedule, including any supporting documentation is to the best of my knowledge, information and belief, true and correct in every particular.

Name of person completing the schedule (please print)

Signature

Date

Day

Month

Year

Further information

Visit our website www.tpb.gov.au or phone the Tax Practitioners Board on **1300 362 829**.