



Office of State Revenue  
NSW TREASURY

ISO 9001-Quality Certified

ABN: 77 456 270 638

# Application for Registration to Claim a Petroleum Products Subsidy Payment

**NOTE:**

- Use this form to apply for registration for the purpose of claiming a petroleum products subsidy on eligible petroleum products:
  - sold through a bowser at a fixed retail outlet located in a prescribed zone
  - sold for delivery to retailers and bulk end users located in prescribed zones
  - sold for on-road use
- Print clearly in the boxed spaces and tick the appropriate box
- Refer to the Petroleum Products Subsidy factsheet or information available at [www.osr.nsw.gov.au](http://www.osr.nsw.gov.au) to determine whether you meet the conditions for registration.

|                      |
|----------------------|
| Client ID (if known) |
|----------------------|

**1 Applicant's name details** (Name of legal entity making application)

|                  |     |
|------------------|-----|
| Applicant's name |     |
| Trading name     |     |
| ABN              | ACN |

**Nature of business**

Wholesaler  
  Retailer  
  Distributor  
  Other  

If other, give details

**Direct credit details** (the subsidy payments will be deposited direct to your account)

|                               |                  |
|-------------------------------|------------------|
| Account name                  |                  |
| BSB number                    | - Account number |
| Name of financial institution | Branch           |

**2 Address details**

**Postal address** (All correspondence will be sent to this address)

|                   |              |          |  |
|-------------------|--------------|----------|--|
| Care of           |              |          |  |
| Building name     | Floor number |          |  |
| Unit number       | Suite        |          |  |
| Street number     | Street name  |          |  |
| Suburb/Town       | State        | Postcode |  |
| GPO/PO Box number | Suburb       | Postcode |  |
| DX number         | DX location  |          |  |

**Business address**

NOTE: If your business address is the same as your postal address, write 'as above' in the box below

|               |              |          |  |
|---------------|--------------|----------|--|
| Care of       |              |          |  |
| Building name | Floor number |          |  |
| Unit number   | Suite        |          |  |
| Street number | Street name  |          |  |
| Suburb/Town   | State        | Postcode |  |

