

ATTACHMENT 2

REGISTRATION FORM

TAX EQUIVALENT REGIME FOR GOVERNMENT BUSINESSES	
1. Name of NSW Government Business	
2. Postal address for Service of Notices	
	Postcode
3. Address of Place of Central Management	
	Postcode
4. Australian Business Number	
5. Telephone Contact Number	
6. Name of Principal Accounting Officer	
7. Name of Contact Officer	
8. E-mail Address of Contact Officer	
9. Description of Principal Business Activity	
10. ANZIC Code	
11. Date of Commencement in TER	

I, _____ the duly authorised representative of the above named Government business certify that the above registration details have been completed to the best of my knowledge and in accordance with the requirements of the TER.