



Small business registration form

NAME*

ABN*

TRADING AS

STREET ADDRESS*

SUBURB*

POSTCODE*

COUNTRY (IF NOT AUSTRALIA)

CONTACT NAME*

CONTACT TELEPHONE*

FAX

EMAIL*

AUTHORISED BY

SIGNATURE

Please indicate which form of evidence you have elected to attach*:

- Statutory Declaration
- BAS
- Letter from Suppliers accountant

* indicates a mandatory field

Email the completed form and supporting evidence to EDConnect.mdm@det.nsw.edu.au