

Application for Registration – Insurance

Note:

Print clearly in the white boxed spaces and tick the most appropriate box

Client ID*

*If you are already registered with OSR for another tax or duty, use your existing client ID.

Type of registration

What type of registration are you applying for?

- An insurer (as described in Section 247 of the *Duties Act 1997*)
- General insurance with non-registered insurer (as described in Section 236 of the *Duties Act 1997*)
- Life insurance with non-registered insurer (as described in Section 245 of the *Duties Act 1997*)

Client name

Business

The business is a:

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Company/ies | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other |
|--------------------------------------|--------------------------------------|--------------------------------|

Company/Partnership name

Trading name

ACN/ABN

Address details – Note: You will not be registered unless this section has been completed

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



Address for inspection of records

Note: If this address is the same as that stated on the front page in either the postal or business address sections, please advise that here.

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

Contact details for enquiries

<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs	First name	
Last name		
Position in organisation		
Daytime phone number ()	Fax ()	
Mobile	Email address	

When did you first become an insurer under the Act? / /

Declaration

I,
declare that all information provided is true and correct in every particular
declared at
on the (Day) of (Month) (Year) 20
Signed

Signature of person registering, public officer or other authorised person

Application by person who is not an insurer

Note: An insurance intermediary can apply to pay duty as if the intermediary is a registered insurer. If the applicant is acting on behalf of insured persons who are liable to pay duty under section 236 or section 245 of the *Duties Act 1997* (insurance that is effected or renewed with a person who is not a registered insurer), this application is made under section 37 of the *Taxation Administration Act 1996*.

Declaration

I,
hereby apply to lodge returns and pay duty on the same basis as a registered insurer under Part 3 of Chapter 8 of the <i>Duties Act 1997</i> .
declared at
on the (Day) of (Month) (Year)
Signed

Signature of person registering, public officer or other authorised person

Preferences

Please indicate your preferred method of contact for all future correspondence:

<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
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What would be your preferred method of payment **to** OSR?

<input type="checkbox"/> Cheque	<input type="checkbox"/> EFT from your PC	<input type="checkbox"/> BPAY
<input type="checkbox"/> Other > <i>If other, give details</i>		

In the event of a refund being payable, what would be your preferred method of payment **from** OSR?

<input type="checkbox"/> Cheque	<input type="checkbox"/> Direct deposit to your bank account > <i>complete the direct credit table below</i>
<input type="checkbox"/> Other > <i>If other, give details</i>	

Direct credit details

BSB number	Account name
Financial institution	Account number
Branch	

Client education request

If you would like a member of our client education team to contact you to discuss NSW legislation, please tick this box. You will be contacted to arrange an appointment.

Privacy statement

Information collected from you on this form is required by the Office of State Revenue (OSR) to determine if you have a liability or entitlement. The information may be provided to third parties with your consent or as required or permitted by law. OSR will correct or update your personal information at your request. Read more about privacy at www.osr.nsw.gov.au

Contact details

 1300 139 817* (Monday – Friday, 8.30 am – 5.00 pm) *Interstate clients please call (02) 9689 6200
 www.osr.nsw.gov.au  returns@osr.nsw.gov.au  Help in community languages is available.

Offices (Monday – Friday, 8.30 am – 4.30 pm)

Lang Centre, Cnr Hunter and Marsden Streets, Parramatta GPO Box 4042 Sydney NSW 2001 DX 456 Sydney Fax: (02) 9689 8200

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