



**ABN: 38 872 506 567**

**Department of Communities, Disability Services and Seniors**

**AUSTRALIAN BUSINESS NUMBER (ABN) & GOODS AND SERVICES TAX (GST) ADVICE FORM**

**Organisation Name:** \_\_\_\_\_

**Organisation Number:** \_\_\_\_\_

**ABN Number:**     

**GST Registered?**      **YES**       **NO**

**AGREEMENT TO ISSUE RECIPIENT CREATED TAX INVOICES**

The following conditions will apply:

- The Grantee and The Department must be registered for GST when the Tax Invoice is issued;
- The Grantee will not issue a Tax Invoice in respect of the supply of services under this Agreement;
- The Grantee acknowledges that it is registered for GST and agrees to notify The Department if the Grantee ceases to be registered or if ceases to satisfy any of the requirements relating to Recipient Created Tax Invoices; and
- The Department acknowledges that it is registered for GST and agrees to notify The Grantee if The Department ceases to be registered or if it ceases to satisfy any of the requirements relating to Recipient Created Tax Invoices.

*On Behalf of The Grantee*

*On behalf of the Department*

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete this form and upload it to SmartyGrants as part of your grant application**