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| Department of **Child Safety, Youth and Women**  | **ABN: 75 563 721 098** |

***PLEASE COMPLETE AND UPLOAD TO SMARTYGRANTS WITH YOUR APPLICATION***

**AUSTRALIAN BUSINESS NUMBER (ABN) &**

**GOODS AND SERVICES TAX (GST) ADVICE FORM**

|  |  |
| --- | --- |
| **Organisation Name:**  |  |
| **Service Name:**  |  |
| **Service 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: |  |

***FOR OFFICE USE ONLY***