

Sole Trader Membership Application Form

T 02 9859 0585 F 02 9859 0555 P PO Box 1967 Macquarie Centre 2113 W www.lcu.com.au E info@lcu.com.au

Please open a sole trading account for the following Registered Business Name:

Date				lember Numbe Office use only)	r					
Membership Details										
Surname										
First Name										
Membership No:										
	Signature								Date	:
I make the following disclosures about my Registered Business Name:										
Registered Business Name Details										
Registered Business Name						ABN				
Principal Business Address										
Unit / Flo	oor / Street			Street Name						
Suburb / Town						State			Postcode	
Office Use Only										
□ Customer Identification Procedure – Sole Trader carried out										
□ Confirm business name, member name (holder name) and principal business address match ASIC Business Name Register search										