



# 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](mailto:EDConnect.mdm@det.nsw.edu.au)