NOTIFICATION OF CANCELLATION OF GST

Mr Mrs Ms Miss	Dr Other	if Other, Plea	se specify		
(Please Print Full Name of the Individu	al Supplier or Supplier	Company's Leg	ally Authorised Representati	of	
Company/ Business/ Trading Name					
Having ABN:(Supplier's/ Client's ABN	N)				
Business Address/ Registered Ad	dress:				
Street Name & No:					
City/Suburb:	S	tate:	Postcode	2:	
Business Contacts:					
Mobile:	Home:		Work:		
Email:	@				
I/We confirm that our business	is NOT register	ed for GS7	with effect from Da	te:	
We notify herewith that we car mentions amount is 'inclusive o			=	<u>-</u>	
the purpose of claim against GS our tax invoices as a refund/ ded We notify herewith that we will no orepared by us or even if invoice recipient of our invoices. Any cur	luction /reduction NOT be liable to es are prepared o	pay any Gon our beha	respective Tax and/ GST after abovemer alf, as a 'Recipient co	or GST liability. Intioned date; either for eated Tax Invoice (RO	or Invoices CTI)', by
Supplier's (Client's) Signature		<u>Date</u>		<u>Place</u>	
	1	1			
(Please Sign here)	(c	Date of Signatu	ure) (d	e.g. Melbourne)	
Full Name of the Signatory	e Signatory		Position/Designation		
(Please Print Full Name of the Signatory here	:)		(Director/ Secretary/ Mar	aging Trustee/ Partner)	
Recipient of Invoice's Signatur	<u>e</u>	<u>Date</u>		<u>Place</u>	
	/	/			
(Please Sign here)	(c	Date of Signatu	ure) (d	e.g. Melbourne)	
Full Name of the Signatory			Position/De	esignation	
(Please Print Full Name of the Signatory here	·)		(Director/ Secretary/ Mar	aging Trustee/ Partner)	
Recipient of Invoice's Company/ Business/ Trading Name			Recipient of Invoice's ABN		