

Notification of the continuation of a consolidated group with a new interposed head company

WHO SHOULD COMPLETE THIS FORM

This form should be completed by the public officer, agent, trustee or registered tax agent of the new interposed head company.

HOW TO COMPLETE THIS FORM

This form can be completed on screen. When complete, print, sign and date the declaration at the end of the form.

If completing by hand:

- print clearly in BLOCK LETTERS using a black or dark blue pen
- place | X | in all applicable boxes.

For further information on completing this form, you can:

visit ato.gov.au/consolidation

phone 13 28 66 between 8.00am and 6.00pm, Monday to Friday.

Section A: New interposed head company details
Legal name of new interposed head company The entity's legal name is the name registered with the Australian Securities & Investments Commission.
Australian business number (ABN)
Tax file number (TFN)
Date of becoming new interposed head company
Day Month Year
Section B: Previous head company details
Legal name
ABN D D D D D D D D D D D D D D D D D D D
TFN

Section C: Declaration

Before you sign this form

Make sure you have answered all the relevant questions correctly and read the privacy statement below before you sign and date this page. An incomplete form may delay processing.

Place	Penalties may be imposed for giving false or misleading information.
requirements have been met; the information given on this notification is true and correct; and I consent to providing this information to the Commissioner of Taxation. I am the registered tax agent authorised by the new interposed head company to give this document to the Commissioner of Taxation. This document has been prepared in accordance with the information supplied by the new interposed head company and I have received a declaration from the new interposed head company stating that the information provided to me is true and correct. Name of signatory Position held or registered tax agent's number You MUST SIGN here Date Date Day Morth Year You may need to contact you about this notification. Provide details of a person who is recorded with us as an authorised contact. For more information, refer to Primary contacts and authorised contacts. Contact person's name Mobile phone number Mobile phone number	Place X at the appropriate statement:
of Taxation. This document has been prepared in accordance with the information supplied by the new interposed head company and I have received a declaration from the new interposed head company stating that the information provided to me is true and correct. Name of signatory Position held or registered tax agent's number Signature You MUST SIGN here Date Date Day Month Year Year We may need to contact you about this notification. Provide details of a person who is recorded with us as an authorised contact. For more information, refer to Primary contacts and authorised contacts. Contact person's name Business hours phone number Mobile phone number	requirements have been met; the information given on this notification is true and correct; and I consent to providing
Position held or registered tax agent's number Signature You MUST SIGN here Date Day / Month / Year You may need to contact you about this notification. Provide details of a person who is recorded with us as an authorised contact. For more information, refer to Primary contacts and authorised contacts. Contact person's name Business hours phone number Mobile phone number	of Taxation. This document has been prepared in accordance with the information supplied by the new interposed head company and I have received a declaration from the new interposed head company stating that the information provided
Signature You MUST SIGN here Date Day Month Year Vear Day Month Year Month Year Day Month Year Month Nobile phone number Mobile phone number	Name of signatory
Signature You MUST SIGN here Date Day Month Year Vear Day Month Year Month Year Day Month Year Month Year Day Month Year Month Year Month Year Month Nobile phone number Mobile phone number	
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You MUST SIGN here Date Day Month Year	
We may need to contact you about this notification. Provide details of a person who is recorded with us as an authorised contact. For more information, refer to Primary contacts and authorised contacts. Contact person's name Mobile phone number Mobile phone number	Signature
contact. For more information, refer to Primary contacts and authorised contacts. Contact person's name Business hours phone number Mobile phone number	Day Month Year
Business hours phone number Mobile phone number	
	Contact person's name
Email address	Business hours phone number Mobile phone number
Littali addiess	Email address

Privacy

Taxation law authorises the ATO to collect information and disclose it to other government agencies. This includes personal information of the person authorised to sign the declaration. For information about your privacy go to ato.gov.au/privacy

Lodging this form

Make a copy of this form (and any attachments) for your own records before you:

- send it as an attachment using the Business or Tax Agent Portals (you need to be registered to deal online find out more at ato.gov.au/onlineservices)
- fax it, with any attachments, to 1300 130 905 (do not include a header or cover sheet as this will delay processing)
- mail it to

Australian Taxation Office PO Box 3373 PENRITH NSW 2740