



Notification of members joining and/or leaving a multiple entry consolidated (MEC) group

**part 3 Member/s joining**

List **only** those entities, including eligible tier-1 companies, who joined since the last date of notification and are current members at the date of this notification.

List at part 4 any entities who joined since the last date of notification but have already left the group.

- Please give the legal name and at least one of the numbers requested for each member. It is not an offence not to quote a TFN, but not quoting it may delay processing. If no number is given, please attach a separate sheet giving other identification such as business address, trading names, etc.
- To apply for an ABN and/or TFN for any member/s, please attach completed application form/s. The Commissioner of Taxation may issue a TFN whenever it is necessary to do so under a Commonwealth taxation law.

If there are more than 5 new members to be listed please copy this page before you fill it out  
If you are including extra copied pages, please number the pages at right

part 3  
page No.

Legal name		<input type="text"/>	
Legal name		<input type="text"/>	
ABN	<input type="text"/>	ARBN or ACN	<input type="text"/>
TFN	<input type="text"/>	Date joined the group	<input type="text"/>
Is this an eligible tier-1 company (please mark X)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Legal name		<input type="text"/>	
Legal name		<input type="text"/>	
ABN	<input type="text"/>	ARBN or ACN	<input type="text"/>
TFN	<input type="text"/>	Date joined the group	<input type="text"/>
Is this an eligible tier-1 company (please mark X)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Legal name		<input type="text"/>	
Legal name		<input type="text"/>	
ABN	<input type="text"/>	ARBN or ACN	<input type="text"/>
TFN	<input type="text"/>	Date joined the group	<input type="text"/>
Is this an eligible tier-1 company (please mark X)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Legal name		<input type="text"/>	
Legal name		<input type="text"/>	
ABN	<input type="text"/>	ARBN or ACN	<input type="text"/>
TFN	<input type="text"/>	Date joined the group	<input type="text"/>
Is this an eligible tier-1 company (please mark X)		Yes <input type="checkbox"/>	No <input type="checkbox"/>

