

Supplier:

## WINGHAM BEEF EXPORTS PTY LTD

ACN 002 954 789 ABN 19 002 954 789 1295 Gloucester Road (PO Box 13) Wingham NSW 2429 Phone (02) 6591 1000 Fax (02) 6591 1099

PIC:

## **Hobby Farmer Declaration**

	State:	Postcode:
For the express intention of advising the nate New Tax System (Goods and Services Tax) If per my current Income Tax Treatment). In document of Goods and Services Tax under the current legonable (ABN) in relation to transactions I shobby farm.	declare and confir- ing so, I advise that islation and I will r	m that I am a Hobby Farmer only t I am not required to register for not be quoting an Australian Busi
Based on this declaration, I understand that w from my sale proceeds and remitted to the Tax		
If there is any <b>change</b> in nature of my busing purposes), I shall <b>notify Wingham Beef Exp</b> supplying cattle.	ness or I am no lon	ger as a Hobby Farmer (for taxa e changes in writing prior to fur
Signature:		Date:
Name:		<del></del>
Name:Phone Number:		
Phone Number:	Fax:	
Phone Number:Email:	Fax:Email will be used for t	ooth EFT remittance advice and Kill she
Phone Number:  Email: [NB: Please print clearly & be case & space specific - land the control of	Fax:Email will be used for because of the designment of the d	noth EFT remittance advice and Kill she

This declaration <u>MUST</u> be received by Wingham Beef Exports prior to supply of cattle.

(Taxation Laws Amendment) Bill (No 1)1999.

Email: wbe-accounts@winghambeef.com.au



## WINGHAM BEEF EXPORTS PTY LTD

NH Foods

ACN 002 954 789 ABN 19 002 954 789 1295 Gloucester Road (PO Box 13) Wingham NSW 2429 Phone (02) 6591 1000

## APPLICATION FOR DIRECT DEPOSIT

Please be advised we make payments by electronic funds transfer (EFT) directly to your nominated bank account. All suppliers must have a signed RCTI agreement **or** Hobby Farmer Declaration in place with Wingham Beef Exports.

All New suppliers must provide bank details.

Note:

- there can be only one bank account per supplier
- all CHANGES must be advised in writing and signed
- please **print** clearly

Tick one - ☐ Initia	ial Notification of Bank Details   Change of Bank Details					
Supplier Name:						
ABN or Exempt:						
Postal Address:						
		Ctata		D. (C. I		
Phone Number:		State:		Post Code:		
		Fax Number:				
Email Address:			(pleas	e be case & space specific)		
Bank Name:						
Branch Name:						
BSB Code:						
Account number:						
Account Name:						
Signature:			Date:	/ /		
Print Name:						
	lease contact.	Ally emailed to you. Remittance Accounts on (02) 6591 1010.  @winghambeef.com.au	Advices will not be	e sent otherwise.		
Thankyou		WBE Approval:				
Carly Sims Accountant		Chris Black General Manager	Leanne Y HR & Of	arnold fice Manager		

