



ACT REVENUE OFFICE
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Lodgment No

Franchise Lodgment Form

Complete this form when lodging a franchise agreement or to vary an existing franchise agreement which alters the cost of a franchise agreement.

PLEASE COMPLETE ALL UNSHADED AREAS IN BLOCK LETTERS

Client Name	Address	Contact Name	Contact Telephone No
		Client Account No	Email Details

Date of First Execution	Names & Address of Parties		
	Franchisor	Franchisee	
LOCATION OF FRANCHISEE OPERATIONS			
Suburb	Section	Block	Unit

AMOUNTS PAYABLE	\$PA
ALL AMOUNTS PAYABLE FOR GRANT OF FRANCHISE	
RENEWAL FEES	
ESTABLISHMENT FEE	
RIGHT TO USE GOODWILL	
RIGHT TO USE INTELLECTUAL PROPERTY, SYSTEMS & PROCESSES	
USE OF GOODS	
PERCENTAGE OR TURNOVER FEE	
ANY OTHER AMOUNT PAYABLE FOR EXERCISE OF FRANCHISEE RIGHTS	

NOTE: WHERE FIGURES ARE ESTIMATES, THEY SHOULD BE SO MARKED. DETAILS OF THE METHOD USED TO ARRIVE AT THE ESTIMATED FIGURES MUST ALSO BE PROVIDED.

DECLARATION FOR ACQUISITION OF FRANCHISE (Circle as appropriate)

To your knowledge:

- 1. Is the Franchisor related^a to any Franchisee? **NO** **YES**

- 2. Are there any other instruments or arrangements under which dutiable property including business assets or land, will be acquired as part of this transaction? **NO** **YES**
 If YES then attach details of other dutiable transactions (and completed lodgment form required for each type of transaction).

PRIVACY STATEMENT

- The information in this form is required by the ACT Revenue Office (ACTRO) to determine your liability for duty. All information collected is stored in hard-copy and/or electronic form in accordance with the *Territory Records Act 2002* and is protected by secrecy provisions in Acts administered by the ACTRO.
- In addition, personal information you provide to the ACTRO is protected by the *Privacy Act 1998 (Cwlth)*.
- Any information collected from you is only to be used for the purpose of the Acts administered by the ACTRO. The information you provide, is not disclosed to third parties unless authorised by law, or with your consent.

DECLARATION

I of.....

being the Franchisee / authorised agent (delete whichever is not applicable) declare that the above information is, to the best of my knowledge, true and correct and in conformity with the agreement between the parties.

I also acknowledge that I have read and understand the Privacy Statement.

Signed _____ Date _____

**GIVING FALSE OR MISLEADING INFORMATION IS A SERIOUS OFFENCE
(Section 338 Criminal Code 2002)**

This form is Approved form AF2006-70 under section 139C of the *Taxation Administration Act 1999*

^a Related person is defined in the Dictionary of the *Duties Act 1999*