

# Company Order Form

Company Name To Be Registered: .....

If preferred company name not available: 2<sup>nd</sup> Choice .....

3<sup>rd</sup> Choice .....

If Shelf Company Please Indicate Desired Date Of Transfer: ...../...../.....

## APPLICANT DETAILS:

Name Of Firm / Individual : .....

Address : .....

Tel. No. & Contact : ..... Email : .....

Delivery Options:  Email  Mail  Courier (Cbd)  Client Pick-Up

## DETAILS OF COMPANY OFFICERS & SHAREHOLDERS:

Surname / Company Name / Trust Name.....

If Trust, Name Of Trustee ..... Given Names .....

Address .....

Date of Birth ..... / ...../..... Place of Birth ( Town & State / Country )..... / .....

No. of Shares..... Class of Shares .....  Beneficially Held

Office Held:  Director  Secretary  Public Officer  Shareholder

Surname / Company Name / Trust Name.....

If Trust, Name Of Trustee ..... Given Names .....

Address .....

Date of Birth ..... / ...../..... Place of Birth ( Town & State / Country )..... / .....

No. of Shares..... Class of Shares .....  Beneficially Held

Office Held:  Director  Secretary  Public Officer  Shareholder

## REGISTERED OFFICE: ( Address Where Company Register Will Be Held )

Name of Firm : .....

Full Address : .....

## PRINCIPAL PLACE OF BUSINESS: ( Address Where Business Will Be Carried On )

Full Address : .....

## PLEASE INDICATE IF YOU WISH SHELF COMPANIES AUSTRALIA TO:

Act as your agent for the ASIC annual review process  Yes  No

Register this entity for an ABN  Yes  No

Register a business/trading name  Yes  No

If Yes, Business Name to be registered .....

Any special requirements (example: business name to be transferred/cancelled, special share rights, special purpose company, state of registration) .....

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