



Quick-Phone: 1300 66 86 09

Quick-Fax: 1300 66 87 09

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PROPOSED COMPANY DETAILS

Preferred Company Name (Please print neatly in BLOCK CAPITAL LETTERS, one character per box including punctuation)

Grid for preferred company name

Is this a Registered Business Name?:  Yes  No If Yes, in which State/s or Territory/s is it registered? \_\_\_\_\_

Which State or Territory of Incorpor.: \_\_\_\_\_

Type of Company:  Standard Pty Ltd  Unlisted Public (Ltd)  NL  Limited by Guarantee

Other Type (i.e. Professional Practice) please indicate profession or type of company required below: \_\_\_\_\_

Is the Company a sole purpose superannuation trustee company or "Special Purpose" company  Yes  No

Registered Office Address: \_\_\_\_\_

Occupier of Registered Office: \_\_\_\_\_ (only required where Reg. Off. is different to business address i.e. care of accountants or solicitors)

Principal Place of Business: \_\_\_\_\_

Identify Ultimate Holding Company: \_\_\_\_\_

(if applicable) \_\_\_\_\_ Country of Registration (if not Australia) \_\_\_\_\_

ACN or ARBN: \_\_\_\_\_

COMPANY OFFICERS & SHAREHOLDERS (If shareholder a company please provide ACN or Country of Registration)

1. (To be Chairman)

Family Name \_\_\_\_\_ Given Name/s \_\_\_\_\_

Full Street Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (Town/State/Country) \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class ORD or \_\_\_\_\_ Paid: \$1/share OR: \$ \_\_\_\_\_

Beneficially Held?  YES  NO - If shares are held on behalf of another person, Trust or Super Fund provide details below:

Details of Beneficial Owner: \_\_\_\_\_

Position/s Held  DIRECTOR  SECRETARY  PUBLIC OFFICER

2. Family Name \_\_\_\_\_ Given Name/s \_\_\_\_\_

Full Street Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (Town/State/Country) \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class ORD or \_\_\_\_\_ Paid: \$1/share OR: \$ \_\_\_\_\_

Beneficially Held?  YES  NO - If shares are held on behalf of another person, Trust or Super Fund provide details below:

Details of Beneficial Owner: \_\_\_\_\_

Position/s Held  DIRECTOR  SECRETARY  PUBLIC OFFICER

DECLARATION

I \_\_\_\_\_ declare that I hold the necessary consents of all the party/s

Must be signed for order listed on this order form.

to be processed

Signed \_\_\_\_\_ Dated / /

PAYMENT DETAILS

Please debit the following credit card by the amount of \$ 499.00

TYPE OF CARD: Visa  Mastercard  Diners Club  Amex  Bankcard

\*3% SURCHARGE FOR AMEX & DINERS CLUB

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: ( / )

NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



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QUICK COMPANY ORDER FORM

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Name: \_\_\_\_\_

ORDER FORM CONTINUED

Company Name: \_\_\_\_\_

COMPANY OFFICERS & SHAREHOLDERS - CONTINUED.....

3. Family Name \_\_\_\_\_ Given Name/s \_\_\_\_\_  
 Full Street Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth (Town/State/Country) \_\_\_\_\_  
 Number of Shares \_\_\_\_\_ Class ORD or \_\_\_\_\_ Paid: \$1/share OR: \$ \_\_\_\_\_  
 Beneficially Held?  YES  NO - If shares are held on behalf of another person, Trust or Super Fund provide details below:  
 Details of Beneficial Owner: \_\_\_\_\_  
 Position/s Held  DIRECTOR  SECRETARY  PUBLIC OFFICER

4. Family Name \_\_\_\_\_ Given Name/s \_\_\_\_\_  
 Full Street Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth (Town/State/Country) \_\_\_\_\_  
 Number of Shares \_\_\_\_\_ Class ORD or \_\_\_\_\_ Paid: \$1/share OR: \$ \_\_\_\_\_  
 Beneficially Held?  YES  NO - If shares are held on behalf of another person, Trust or Super Fund provide details below:  
 Details of Beneficial Owner: \_\_\_\_\_  
 Position/s Held  DIRECTOR  SECRETARY  PUBLIC OFFICER

5. Family Name \_\_\_\_\_ Given Name/s \_\_\_\_\_  
 Full Street Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth (Town/State/Country) \_\_\_\_\_  
 Number of Shares \_\_\_\_\_ Class ORD or \_\_\_\_\_ Paid: \$1/share OR: \$ \_\_\_\_\_  
 Beneficially Held?  YES  NO - If shares are held on behalf of another person, Trust or Super Fund provide details below:  
 Details of Beneficial Owner: \_\_\_\_\_  
 Position/s Held  DIRECTOR  SECRETARY  PUBLIC OFFICER

6. Family Name \_\_\_\_\_ Given Name/s \_\_\_\_\_  
 Full Street Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth (Town/State/Country) \_\_\_\_\_  
 Number of Shares \_\_\_\_\_ Class ORD or \_\_\_\_\_ Paid: \$1/share OR: \$ \_\_\_\_\_  
 Beneficially Held?  YES  NO - If shares are held on behalf of another person, Trust or Super Fund provide details below:  
 Details of Beneficial Owner: \_\_\_\_\_  
 Position/s Held  DIRECTOR  SECRETARY  PUBLIC OFFICER

SPECIAL STATIONERY REQUESTS

All companies come fully bound in a 2 or 3D ring binder and are delivered overnight  2 RING BINDER  3 RING BINDER  2 RING SLIMLINE

IF A BINDER IS NOT REQUIRED - TICK HERE

IF NO BINDER - Please Select Hole Punch Options to suit your vertical or other filing system

2 HOLE PUNCH  3 HOLE PUNCH  4 HOLE PUNCH  5 HOLE PUNCH

ELECTRONIC COPY

Please provide a copy of this record on disk  ON DISK  EMAIL

SPECIAL REQUIREMENTS ?

simply provide details with this order or call 1300 66 86 09