



Quick-Phone: 1300 66 86 09

Quick-Fax: 1300 66 87 09

COMPANY SECRETARIAL WORK ORDER FORM

Name: _____

Firm: _____

Phone: _____

Email: _____

Company Name: _____

ACN: _____

Registered Office Address: _____

Occupier of Registered Office: _____

DETAILS OF ALL CURRENT DIRECTORS & SHAREHOLDERS

Please provide FULL details of all company officers & shareholders or provide details in an annexure with this order (i.e. a copy of the most recent ASIC Company Statement).

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 of behalf of another person, Trust or Super Fund provide details below:

Details of Beneficial Owner: _____

Position/s Held DIRECTOR SECRETARY PUBLIC OFFICER

2. (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 of behalf of another person, Trust or Super Fund provide details below:

Details of Beneficial Owner: _____

Position/s Held DIRECTOR SECRETARY PUBLIC OFFICER

ADD ANOTHER DIRECTOR AND/OR ISSUE SHARES (complete as applicable)

Provide ACN if Company or Country of Registration if not registered in Australia.

1. 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 of 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 of behalf of another person, Trust or Super Fund provide details below:

Details of Beneficial Owner: _____

Position/s Held DIRECTOR SECRETARY PUBLIC OFFICER

PLEASE CALL FOR A FIXED QUOTE

Please return this application to FAX 1300 668 709 or call 1300 668 609 with any queries