



Quick-Phone: 1300 66 86 09
Quick-Fax: 1300 66 87 09

CONVERSION TO A SINGLE DIRECTOR/MEMBER COMPANY ORDER FORM

Name:
Firm:
Phone:
Email:

ABOUT THIS FORM

PART 1 relates to the adoption of a new Quick Companies constitution to replace the existing constitution of the company (formerly the Memorandum and Articles of Association). The new constitution will allow the company to operate with only 1 director and 1 shareholder.
PART 2 relates to Quick Companies preparing the necessary documentation regarding the resignation of an existing officeholder and/or any share transfer/s

PART 1: ADOPTING A NEW QUICK COMPANIES CONSTITUTION

CURRENT COMPANY DETAILS: Please provide the information below OR provide an attachment ensuring FULL details of ALL company officer holders and shareholders are included (i.e. most recent ASIC Company Statement).

Company Name
ACN
Registered Office Address

COMPANY OFFICERS & SHAREHOLDERS

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.
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

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 of behalf of another person, Trust or Super Fund provide details below:
Details of Beneficial Owner:
Position/s Held DIRECTOR SECRETARY PUBLIC OFFICER

IS THERE CURRENTLY A PERMANENT GOVERNING DIRECTOR APPOINTED YES NO

CONTINUED OVER PAGE

MEMBERS RESOLUTION

1. CIRCULAR RESOLUTION: ALL Voting Members must affix their signatures to a document containing the Special Resolutions; OR
2. MEMBERS ARE GIVEN WRITTEN NOTICE: Due notice (at least 21 days) is sent to Members and the Special Resolution is passed at the ensuing meeting; OR
3. NOTICE OF MEETING IS WAIVED: Notice of the meeting is waived pursuant to the Corporations Act 2001, and the Special Resolution is passed at the Extraordinary General meeting by members present who represent at least 95% of the total exercisable voting rights.

If option 2 or 3 (above) are selected, please provide:-

Date of Notice _____ Date and Time of Meeting _____
(if applicable) *(compulsory)*

Street Address for meeting _____
(compulsory)

PART 2: RESIGNING COMPANY OFFICERS & TRANSFERRING SHARES (AS APPLICABLE)

NOTE: Only complete if Quick Companies is required to prepare documentation regarding:

- (1) the resignation of an existing company officer; and/or
- (2) the transfer of share/s.

RESIGN OFFICER

Family Name _____ Given Name/s _____

DATE RESIGNED

/ /

Position/s Held

DIRECTOR

SECRETARY

TRANSFER OF SHARES

Seller _____

Street address _____
(if not previously provided)

Buyer _____

Street address _____
(if not previously provided)

Number of Shares _____ Class of Share/s _____

Serial No's from _____ to _____

Last share certificate no. on issue _____ Total consideration _____ Date of transfer / /

Is the share presently beneficially owned by the Transferor? YES NO

If "NO", please provide the full details of the beneficial owner:

Name of beneficial owner _____

Street address _____

NOTE: It will be important to consider the implication any changes to officeholders and shareholdings with regard to banking, taxation and stamp duties. Please seek accounting and legal advice prior to making these changes.

PAYMENT DETAILS: Please debit the following credit card by the amount of \$ _____

Our fees for this service are dependant upon the type and number of changes being made – please call for a fixed quote.

TYPE OF CARD: Visa Mastercard Diners Club Amex Bankcard

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____

PLEASE CONTACT **QUICK COMPANIES** ON 1300 668 609 WITH ANY QUERIES