



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

COMPANY NAME CHANGE ORDER FORM

Name: _____

Firm: _____

Phone: _____

Email: _____

EXISTING COMPANY DETAILS

Existing Company Name: _____

ACN: _____

NEW COMPANY NAME

New Company Name/s: _____

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

SIGNING DETAILS

Name of Director/Secretary to sign ASIC form:

Family Name _____

Given Name/s _____

Position/s Held: DIRECTOR SECRETARY

SHAREHOLDER/S DETAILS

NOTE: Only provide names of shareholders with voting rights

Full Name _____
(include ACN if Company)

Full Name _____
(include ACN if Company)

Full Name _____
(include ACN if Company)

Full Name _____
(include ACN if Company)

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)

PAYMENT DETAILS

Please debit the following credit card by the amount of \$ 450.00

TYPE OF CARD: Visa Mastercard Diners Club Amex Bankcard

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____

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