



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 \$ 687.00

TYPE OF CARD: Visa Mastercard Diners Club Amex Bankcard

*3% SURCHARGE FOR AMEX & DINERS CLUB

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____



Quick Phone: 1300 66 86 09

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QUICK COMPANY ORDER FORM

Page 2 of _____

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