



Quick-Phone: 1300 66 86 09

Quick-Fax: 1300 66 87 09

WINE OFFER COMPANY ORDER FORM

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 company name entry

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 \_\_\_\_\_

Registered Office Address: superannuation trustee company or "Special Purpose" company  Yes  No

Occupier of Registered Office: \_\_\_\_\_

Principal Place of Business: (only required where Reg. Off. is different to business address i.e. care of accountants or solicitors)

Identify Ultimate Holding Company: (if applicable) ACN or ARBN: \_\_\_\_\_ Country of Registration (if not Australia) \_\_\_\_\_

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

\*\*\*\*\*FOR ADDITIONAL OFFICEHOLDERS/SHAREHOLDERS USE PAGE 2 OF ORDER FORM\*\*\*\*\*

DECLARATION

I \_\_\_\_\_ declare that I hold the necessary consents of all the party/s listed on this order form. Must be signed for order to be processed \_\_\_\_\_ Signed \_\_\_\_\_ Dated / /

PAYMENT DETAILS

Please debit the following credit card by the amount of \$ 646.00

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

Page 2 of \_\_\_\_\_

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

ORDER FORM CONTINUED

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

COMPANY OFFICERS & SHAREHOLDERS - CONTINUED.....

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

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

SPECIAL STATIONARY REQUESTS

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

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