

Company Order Form

Company Name To Be Registered:

If preferred company name not available: 2nd Choice.....

3rd Choice

If Shelf Company Please Indicate Desired Date Of Transfer:/...../.....

APPLICANT DETAILS:

Name Of Firm / Individual

Address

Tel. No. & Contact

Delivery Options: Email Mail Courier (Cbd) Client Pick-Up

DETAILS OF COMPANY OFFICERS & SHAREHOLDERS:

Surname / Company Name / Trust Name.....

If Trust, Name Of Trustee Given Names

Address

Date of Birth..... //..... Place of Birth (Town & State / Country) /

No. of Shares..... Class of Shares Beneficially Held

Office Held: Director Secretary Public Officer Shareholder

Surname / Company Name / Trust Name.....

If Trust, Name Of Trustee Given Names

Address

Date of Birth..... //..... Place of Birth (Town & State / Country) /

No. of Shares..... Class of Shares Beneficially Held

Office Held: Director Secretary Public Officer Shareholder

REGISTERED OFFICE: (Address Where Company Register Will Be Held)

Name of Firm

Full Address

PRINCIPAL PLACE OF BUSINESS: (Address Where Business Will Be Carried On)

Full Address

PLEASE INDICATE IF YOU WISH SHELF COMPANIES AUSTRALIA TO:

Act as your agent for the ASIC annual review process Yes No

Register this entity for an ABN Yes No

Register a business/trading name Yes No

If Yes, Name to be registered

Any special requirements (example: business name to be transferred/cancelled, special share rights, special purpose company, state of registration).....