

## Company Registration Order Form

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

Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

FAX: \_\_\_\_\_

Emailed documents Only (fee paid prior to registration)

Common seal

### Proposed Company Name:

\_\_\_\_\_  
(ASIC register all names in upper case only. Please advise if you wish to have the documents displayed differently.)

Is the proposed name identical to an existing business name? Yes  No  If YES, please provide ABN below

ABN \_\_\_\_\_

Please note: ASIC will only register a company with an identical business name, providing the owner of the business name is listed as a director and/or shareholder. In the event the owner is a trust, a copy of the trust deed is required to be sent to ASIC to confirm the name of trustee.

SMSF TRUSTEE ONLY Yes  No

NOMINATED STATE Queensland or \_\_\_\_\_

### REGISTERED OFFICE

\_\_\_\_\_  
PPOB as above

### ULTIMATE HOLDING COMPANY (if applicable)

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

A.C.N. \_\_\_\_\_

Country (if not AU) \_\_\_\_\_

### CONSENT –

By completing and lodging this form, I/We confirm, as applicants for the company registration, that the required written consents of the proposed officers and members have been obtained prior to the registration of the company. I/We agree to be the applicant for the registration of the company and appoint Australian Shelf Companies Pty Ltd to act as my/our agent.

### Special Requirements

Australian Shelf Companies Pty Ltd provides a document preparation and registration service. Any Person wishing to register a company should obtain advice from a legal practitioner or accountant to ensure the company is suitable for its intended use.

**DIRECTOR/SECRETARY AND/OR MEMBER**

Director  Secretary  Public Officer  Member (shareholder)

**If you have selected director, please provide DIN this is a requirement.**

NAME: \_\_\_\_\_ DIN\* : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IF ABOVE IS A PTY LTD PLEASE PROVIDE DIRECTORS FULL NAMES AS WELL AS ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

DIRECTOR 1 FULL NAME: \_\_\_\_\_ DIRECTOR 1 ADDRESS: \_\_\_\_\_

DIRECTOR 2 FULL NAME: \_\_\_\_\_ DIRECTOR 2 ADDRESS: \_\_\_\_\_

IF ABOVE IS A PTY LTD PLEASE PROVIDE A.C.N & COMMENCEMENT DATE: A.C.N: \_\_\_\_\_ COMMENCEMENT DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

ORDINARY SHARES:  Number \_\_\_\_\_ or OTHER CLASS \_\_\_\_\_ OTHER CLASS Number \_\_\_\_\_

\$1.00 Fully Paid Shares  or Another Amount \_\_\_\_\_ Paid per share - Beneficial Owner YES  NO

Beneficial Owner \_\_\_\_\_

**Signed consent:** I hereby consent to be named in the ASIC Form 201 (application for registration as a company) as:

1. A Director and/or Secretary as indicated above; and
2. A Member (if indicated) who has agreed to take up the shares listed above and who has agreed to the terms of proposed Constitution

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

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NAME: \_\_\_\_\_ DIN\* : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IF ABOVE IS A PTY LTD PLEASE PROVIDE DIRECTORS FULL NAMES AS WELL AS ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

DIRECTOR 1 FULL NAME: \_\_\_\_\_ DIRECTOR 1 ADDRESS: \_\_\_\_\_

DIRECTOR 2 FULL NAME: \_\_\_\_\_ DIRECTOR 2 ADDRESS: \_\_\_\_\_

IF ABOVE IS A PTY LTD PLEASE PROVIDE A.C.N & COMMENCEMENT DATE: A.C.N: \_\_\_\_\_ COMMENCEMENT DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

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DIRECTOR 1 FULLE NAME: \_\_\_\_\_ DIRECTOR 1 ADDRESS: \_\_\_\_\_

DIRECTOR 2 FULLE NAME: \_\_\_\_\_ DIRECTOR 2 ADDRESS: \_\_\_\_\_

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