

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 FULLE NAME: _____ DIRECTOR 1 ADDRESS: _____

DIRECTOR 2 FULLE 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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ADDRESS: _____

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

DIRECTOR 1 FULLE NAME: _____ DIRECTOR 1 ADDRESS: _____

DIRECTOR 2 FULLE 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 2 FULLE NAME: _____ DIRECTOR 2 ADDRESS: _____

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Sign Here: _____ Date: _____

AUSTRALIAN SHELF COMPANIES PTY LTD

CREDIT CARD AUTHORISATION

EMAILED VERSIONS ONLY

AUSTRALIANSHELFCOMPANIES.COM

Client Name: _____

Invoice Number: _____

Cardholder Name: _____

Credit Card Type: _____ Visa _____ Mastercard

Credit Card Number: _____

Expiration Date: _____

CVV Number(last 3 digits located on the back of the credit card): _____

Amount to Charge as per Invoice:\$ _____

Client Signature _____