

# Fax To: Company Incorporations Australia

## CHANGE OF COMPANY NAME - INSTRUCTIONS

phone: 1800 179 329  
facsimile: 1800 631 533  
email: sales@lawsoft.com.au

EXISTING COMPANY NAME \_\_\_\_\_ ACN \_\_\_\_\_

NEW COMPANY NAME \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Is this name the same as an existing Business Name Yes  No

If **yes**, a declaration under Section 147 Corporations Act is required

PROPOSED RESOLUTION DATE \_\_\_\_\_

REGISTERED OFFICE (Address) \_\_\_\_\_

DIRECTORS (Full Names):

(Please Tick) & no of shares

1 \_\_\_\_\_ Shareholder  No.

2 \_\_\_\_\_ Shareholder  No.

3 \_\_\_\_\_ Shareholder  No.

4 \_\_\_\_\_ Shareholder  No.

MEMBERS who are not directors (Full Names):

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

ADDITIONAL NOTES AND/OR INSTRUCTIONS \_\_\_\_\_

APPLICANT DETAILS (FIRM): \_\_\_\_\_

Contact \_\_\_\_\_ ph: \_\_\_\_\_ fax \_\_\_\_\_

Address \_\_\_\_\_

email \_\_\_\_\_ Signature \_\_\_\_\_

### Payment required on order

Payment  Chq enclosed  Cash  Direct Deposit \*

Or charge by credit  Bankcard  Mastercard  Visa

Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name of cardholder \_\_\_\_\_ Signature \_\_\_\_\_

\*Direct deposit details: Bank/Branch NAB King William Street, Adelaide Date Deposit Transferred

BSB 085 070 Account 69-679-4709 / /