

Fax To: Company Incorporations Australia

NEW COMPANY – ORDER FORM

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

Name of company 1st choice of name _____
2nd choice of name _____

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

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

Registered Business Name is also required _____

Registered Domain Name is also required _____ .com.au / net.au /

Type of Company: Standard Special Purpose Public

Principal Place of Business: _____

Registered Office: _____

Name of Occupier (if applicable) _____

Full Address: _____

First Director: (Taken to be Secretary and Public Officer of the company)

Surname _____ First and other names _____

Former surname (including maiden names) _____

Residential Address _____

Date of Birth _____ Place of Birth _____

Tick Office Held: Director Shareholder

Class and Number of Shares required: Beneficially held Yes No

Ordinary A Class means held for a trust or for someone else not the stated owner

(**if more than one director and or shareholder attach additional schedule**) Please indicate here

To Company Incorporations Australia:

You are appointed to act as our agent to procure a Constitution and ancillary legal documentation from a solicitor, the particulars for such Constitution and legal documents being set out hereinbefore. In consideration for you acting as our agent, payment of solicitors costs, attending to compilation of materials in a register and delivery of same, we shall pay you such amounts as agreed. We confirm all directions and secretaries on this form have consented in writing to their appointments under section 117(5) of the Corporations Act and appoint you to sign the application for registration of this company as agent on our behalf.

Instructions From

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 / /

Company Incorporations Australia

ADDITIONAL OFFICEHOLDER / SHAREHOLDER SCHEDULE

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

(New Company Order Form – Pg 2)

SURNAME / CO:	_____	GIVEN NAMES / A.C.N:	_____
FORMER OR MAIDEN NAMES	_____		
RESIDENTIAL ADDRESS	_____		
DATE OF BIRTH	_____	PLACE OF BIRTH (Town State Country)	_____
Tick Office Held:	<input type="checkbox"/> Director	<input type="checkbox"/> Shareholder	
Number and Class of Shares required:	_____	Beneficially held YES	<input type="checkbox"/> NO <input type="checkbox"/>

SURNAME / CO:	_____	GIVEN NAMES / A.C.N:	_____
FORMER OR MAIDEN NAMES	_____		
RESIDENTIAL ADDRESS	_____		
DATE OF BIRTH	_____	PLACE OF BIRTH (Town State Country)	_____
Tick Office Held:	<input type="checkbox"/> Director	<input type="checkbox"/> Shareholder	
Number and Class of Shares required:	_____	Beneficially held YES	<input type="checkbox"/> NO <input type="checkbox"/>

SURNAME / CO:	_____	GIVEN NAMES / A.C.N:	_____
FORMER OR MAIDEN NAMES	_____		
RESIDENTIAL ADDRESS	_____		
DATE OF BIRTH	_____	PLACE OF BIRTH (Town State Country)	_____
Tick Office Held:	<input type="checkbox"/> Director	<input type="checkbox"/> Shareholder	
Number and Class of Shares required:	_____	Beneficially held YES	<input type="checkbox"/> NO <input type="checkbox"/>

SURNAME / CO:	_____	GIVEN NAMES / A.C.N:	_____
FORMER OR MAIDEN NAMES	_____		
RESIDENTIAL ADDRESS	_____		
DATE OF BIRTH	_____	PLACE OF BIRTH (Town State Country)	_____
Tick Office Held:	<input type="checkbox"/> Director	<input type="checkbox"/> Shareholder	
Number and Class of Shares required:	_____	Beneficially held YES	<input type="checkbox"/> NO <input type="checkbox"/>

ADDITIONAL NOTES AND/OR INSTRUCTIONS:

Signature _____