

**Fax To:****Company Incorporations Australia****DEREGISTRATION OF A COMPANY**

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

COMPANY NAME \_\_\_\_\_ A.C.N: \_\_\_\_\_

**DETAILS OF OFFICEHOLDERS / MEMBERS**

SURNAME / CO:		_____
GIVEN NAMES / A.C.N:		_____
RESIDENTIAL ADDRESS		_____
DATE OF BIRTH	Place of Birth (Town State Country) _____	
Tick Office Held:	Director <input type="checkbox"/>	Secretary <input type="checkbox"/> Member <input type="checkbox"/>

SURNAME / CO:		_____
GIVEN NAMES / A.C.N:		_____
RESIDENTIAL ADDRESS		_____
DATE OF BIRTH	Place of Birth (Town State Country) _____	
Tick Office Held:	Director <input type="checkbox"/>	Secretary <input type="checkbox"/> Member <input type="checkbox"/>

(If more than two officeholders/members attach additional schedule) Please indicate here if schedule is used

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

APPLICANT DETAILS (Applicant must be a director / member / liquidator) PLEASE CIRCLE

NAME \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

CLIENT DETAILS (FIRM: \_\_\_\_\_)

CONTACT PERSON \_\_\_\_\_ ph \_\_\_\_\_ fax: \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ Signature \_\_\_\_\_

**Please Note:** Please ensure all documents (ie Annual Returns) have been lodged and paid for with ASIC before proceeding with de-registration. Our fees do not include payment of such documents. The company must have less than \$1,000 in assets and have no outstanding liabilities nor should the company be party to any legal proceedings. The company must have ceased to carry on business and all members must agree to deregister.

**Payment required on order**

Payment	<input type="checkbox"/> Chq enclosed	<input type="checkbox"/> Cash	<input type="checkbox"/> Direct Deposit *
Or charge by credit	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
	Amount \$ _____		
Card Number	_____	Expiry Date	_____
Name of cardholder	_____	Signature	_____
*Direct deposit details:	Bank/Branch	NAB King William Street, Adelaide	Date Deposit Transferred

**Company Incorporations Australia****ADDITIONAL OFFICEHOLDER / MEMBERS**

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

**(Company Deregistration Form – Pg 2)**

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

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

SURNAME / CO: \_\_\_\_\_

GIVEN NAMES / A.C.N: \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH (Town State Country)

Tick Office Held:

Director Secretary Member 

SURNAME / CO: \_\_\_\_\_

GIVEN NAMES / A.C.N: \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH (Town State Country)

Tick Office Held:

Director Secretary Member 

SURNAME / CO: \_\_\_\_\_

GIVEN NAMES / A.C.N: \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH (Town State Country)

Tick Office Held:

Director Secretary Member 

SURNAME / CO: \_\_\_\_\_

GIVEN NAMES / A.C.N: \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH (Town State Country)

Tick Office Held:

Director Secretary Member 

ADDITIONAL NOTES AND / OR INSTRUCTIONS:

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