

**PROPRIETARY COMPANY ORDER FORM**

Order By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**COMPANY NAME REQUESTED**

State of Incorporation:  QLD  NSW  VIC  ACT  SA  WA  NT  TAS

Is the company to act solely as a trustee for a superannuation fund?  YES  NO

**IF NEW COMPANY NAME IS TO BE THE SAME AS YOUR BUSINESS NAME**

Provide registered business number if registered before 28<sup>th</sup> May, 2012 \_\_\_\_\_

Or ABN of business if registered after 28<sup>th</sup> May, 2012 \_\_\_\_\_

**ULTIMATE HOLDING COMPANY (if applicable)**

ACN: \_\_\_\_\_ Country of Reg. (if not Australia) \_\_\_\_\_

**REGISTERED OFFICE**

(At office of) C/- \_\_\_\_\_

Suite/Unit \_\_\_\_\_ Level \_\_\_\_\_ Building Name \_\_\_\_\_

Street number and name \_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Company occupy these premises?  YES  NO If No, person giving consent \_\_\_\_\_

**PRINCIPAL PLACE OF BUSINESS**

Same as above  YES  NO If No,

Suite/Unit \_\_\_\_\_ Level \_\_\_\_\_ Building Name \_\_\_\_\_

Street number and name \_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

**OFFICEHOLDERS & OR MEMBER**

**Individual:** Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

**OR**

**Company Name:** \_\_\_\_\_ Pty Ltd ACN \_\_\_\_\_

**Address:**

Office, Unit, Level \_\_\_\_\_ Street number and name \_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Country if not Australia \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ State/Country \_\_\_\_\_

Has consented to act as  DIRECTOR  SECRETARY  PUBLIC OFFICER  SHAREHOLDER

**If Shareholder:**

Class of Shares \_\_\_\_\_ Number of Shares \_\_\_\_\_

Issue price per share \$ \_\_\_\_\_ Fully Paid?  YES  NO If No, amount unpaid \$ \_\_\_\_\_

Are shares beneficially held?  YES  NO If No, as trustee for \_\_\_\_\_

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**Individual:** Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

**OR**

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**CONSENTS**

Please sign either a) or b) below

a) 1st Officeholder/Member - I hereby consent to be an officeholder/shareholder in the proposed company as described.

Signed: \_\_\_\_\_

2nd Officeholder/Member - I hereby consent to be an officeholder/shareholder in the proposed company as described.

Signed: \_\_\_\_\_

3rd Officeholder/Member - I hereby consent to be an officeholder/shareholder in the proposed company as described.

Signed: \_\_\_\_\_

4th Officeholder/Member - I hereby consent to be an officeholder/shareholder in the proposed company as described.

Signed: \_\_\_\_\_

If more signatures are needed please send them as an annexure, as laid out above.

b) I, \_\_\_\_\_ of \_\_\_\_\_ Certify that the Officeholders/Members have consented to be Officeholders/Members and have agreed to the shares as described.

**SIGNATURE** \_\_\_\_\_

**AMOUNT PAYABLE - \$760 for a printed company register delivered to you**

By signing a) or b) above you agree for Professional Corporate Services to act as your agent for the sole purpose of registration, and have agreed to abide by the constitution of this company, and if applicable, the proprietors of the Registered Business Name are members of the proposed company.

**PAYMENT OPTIONS**

Payment By Bank Deposit Please tick

Bank: Bank of Queensland Ltd  
BSB: 124-001  
Account Number: 20970825  
Account Name: Professional Corporate Services

For clients who are not pre-authorized, proof of deposit must be faxed / emailed with this order.

Pre-Authorised Credit Terms Please tick

Payment By Credit Card Please tick

Type of Card  Mastercard  Visa

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

Name on Card \_\_\_\_\_

Please supply 24 paper adhesive company seals at no extra cost Please tick