

EMAILED 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 28th May, 2012 _____

Or ABN of business if registered after 28th 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 _____

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 _____

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 _____

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 _____

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 _____

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 _____

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 - \$660 for an emailed proprietary company

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-authorised, 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 _____