

COMPANY ORDER FORM

For use by **Accountants, Solicitors, Tax Agents and Planners ONLY**

Ordered by (Firm) _____ Date _____
 Contact Name _____ Phone _____
 Email Address _____

COMPANY NAME REQUESTED

_____ Pty Ltd

If same as Business Name, Registered Business Number _____

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

ULTIMATE HOLDING COMPANY (If applicable)

_____ Pty Ltd

ACN _____ Country of Reg. (If **not** Australia) _____

STATE OF INCORPORATION QLD NSW VIC ACT SA NT WA TAS

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 _____

OFFICEHOLDER & OR MEMBER

1. Individual: Family Name _____ Given Names _____

OR

Company Name: _____ Pty Ltd ACN _____

Address:

Office, Unit, Level, or PO Box No _____ 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 _____

2. Individual: Family Name _____ Given Names _____

OR

Company Name: _____ Pty Ltd ACN _____

Address:

Office, Unit, Level, or PO Box No _____ Street number and name _____

Suburb/City _____ State _____ Post Code _____

Country (if not Australia) _____

Date of Birth _____ Place of Birth _____ State/Country _____

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Class of shares _____ Number of shares _____

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

FURTHER OFFICEHOLDERS AND /OR MEMBERS CAN BE INCLUDED BY USING PAGE 3

AUTHORISATION BY AGENT

(a) the Directors have consented to be Directors and to issue the shares as stated and Professional Corporate Services is to act as our agent for the sole purpose of registration and

(b) if applicable, the proprietors of the Registered Business Name are Members of the proposed Company

Confirmed (please tick)

PLEASE SELECT FROM THE FOLLOWING OPTIONS:

Option One: Private Company with full documents in deluxe company register folder: \$670.00 (inc.gst)

Option Two: Private Company with minimum documents in manila folder: \$620.00 (inc.gst)

Option Three: Private Company with minimum documents emailed: \$549.00 (inc gst)

SIGNATURE _____

PAYMENT OPTIONS

Online Please tick

Return to the Online Shopping Cart and select your product to make payment on line

Payment by Bank Deposit Please tick

Bank: Bank of Queensland Ltd

BSB: 124-036

Account number: 20 779607

Account name: Professional Corporate Services

Payment by Credit Card - Mastercard/ Visa Please tick

Type of Card: VISA MASTERCARD

Credit card number _____ Expiry date _____ / _____

Name on Card _____

Pre Approved Credit Terms Please tick

PRINT AND FAX COMPLETED FORM TO 07 5535 3177

FOR USE IF ADDITIONAL OFFICEHOLDERS AND/ OR MEMBERS

OFFICEHOLDER & OR MEMBER

Individual: Family Name _____ Given Names _____

OR

Company Name: _____ Pty Ltd ACN _____

Address:

Office, Unit, Level, or PO Box No _____ 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 _____

OFFICEHOLDER & OR MEMBER

Individual: Family Name _____ Given Names _____

OR

Company Name: _____ Pty Ltd ACN _____

Address:

Office, Unit, Level, or PO Box No _____ Street number and name _____

Suburb/City _____ State _____ Post Code _____

Country (if not Australia) _____

Date of Birth _____ Place of Birth _____ State/Country _____

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OFFICEHOLDER & OR MEMBER

Individual: Family Name _____ Given Names _____

OR

Company Name: _____ Pty Ltd ACN _____

Address:

Office, Unit, Level, or PO Box No _____ Street number and name _____

Suburb/City _____ State _____ Post Code _____

Country (if not Australia) _____

Date of Birth _____ Place of Birth _____ State/Country _____

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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 _____