

NEW CONSTITUTION ORDER FORM

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

COMPANY NAME

_____ Pty Ltd ACN _____
 Place of Meeting _____
 Date of Meeting _____ Time of Meeting _____ am/pm

CURRENT MEMBERS / DIRECTORS DETAILS

1. Name: _____
 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 _____
 DIRECTOR SECRETARY - Resigning? YES NO
 SHAREHOLDER YES NO TYPE OF SHARES ORDINARY OTHER

2. Name: _____
 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 _____
 DIRECTOR SECRETARY - Resigning? YES NO
 SHAREHOLDER YES NO TYPE OF SHARES ORDINARY OTHER

APPOINTMENT

Name: _____
 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 _____
 DIRECTOR SECRETARY - Resigning? YES NO
 SHAREHOLDER YES NO TYPE OF SHARES ORDINARY OTHER

AMOUNT PAYABLE: \$195.00

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: 124 001
Account number: 20970825
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

Note: Please forward copy of Certificate of Incorporation with this order form.

PRINT AND FAX COMPLETED FORM TO 07 5535 3177