

**PUBLIC COMPANY ORDER FORM**

Ordered by (Firm) \_\_\_\_\_ Date \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

**COMPANY NAME REQUESTED**

\_\_\_\_\_ Pty Ltd

If same as Business Name, Registered Business Number \_\_\_\_\_  
 Binder Size  Small (A4)  Manilla Folder  None

**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 \_\_\_\_\_  
 Full name of person giving occupiers 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 \_\_\_\_\_

**USE 'MATCHING SERVICE' PREFERRED CONSTITUTION?**  YES  NO

*(Some 'Matching Service' consultants prefer a constitution that includes a clause giving existing shareholders pre-emptive rights when shares are offered for sale and does not give the directors the power to refuse to register a transfer.)*

**ULTIMATE HOLDING COMPANY** *(If applicable)( only required if the company is controlled by another company)*

\_\_\_\_\_ Pty Ltd

ACN \_\_\_\_\_ Country of Reg.(If **not** Australia) \_\_\_\_\_

**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

Cont.../2

**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 \_\_\_\_\_

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 \_\_\_\_\_

**AMOUNT PAYABLE: \$700.00**

**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

**PRINT AND FAX COMPLETED FORM TO 07 5535 3177**