



NEW COMPANY – ORDER FORM

NAME OF COMPANY: 1st choice
2nd choice

Is the name the same as an existing Business Name YES NO

STATE OF INCORPORATION: SA VIC NSW QLD WA NT TAS ACT

REGISTER BUSINESS NAME: (if required)

REGISTER DOMAIN NAME: (if required)
.COM / .NET / .ORG / .TV
.COM.AU / .NET.AU / .BIZ

TYPE OF COMPANY: Standard Public Super Fund Trustee Special Purpose

PRINCIPAL PLACE OF BUSINESS:

REGISTERED OFFICE:

Full address:

Name of Occupier: (if applicable)

FIRST OFFICEHOLDER: (Taken to be Chairman and Public Officer of the company)

SURNAME: GIVEN NAMES:

FORMER OR MAIDEN NAME(S):

RESIDENTIAL ADDRESS:

DATE OF BIRTH:/...../..... PLACE OF BIRTH (Town/State/country):

Tick office held: Director Shareholder Secretary (*optional) **automatically appointed when there is a sole director*

Class & Number of Shares required: Are Shares Held in Trust?: YES NO

(If more than one officeholder/shareholder attach additional schedule) Please indicate here

To ABNAustralia.com.au: You are appointed to act as our agent to procure a Constitution and ancillary legal documentation from a solicitor, the particulars for such Constitution and legal documents being set out hereinbefore. In consideration for you acting as our agent, payment of solicitors costs, attending to compilation of materials in a register and delivery of same, we shall pay you such amounts as agreed. We confirm all directors and secretaries on this form have consented in writing to their appointments under section 117(5) of the Corporations Act and appoint ABNAustralia.com.au to sign the application for registration of this company as agent on our behalf.

Disclaimer – We do not provide legal, accounting, financial or stamp duty advice and therefore take no responsibility for your taxation, legal or other liabilities which may arise from the work we perform on your instructions. We urge you to first obtain legal and accounting advice in relation to your affairs and in particular this transaction.

APPLICANT DETAILS (FIRM):

CONTACT PERSON: **PH:** **FAX:**

FULL ADDRESS:

EMAIL: **SIGNATURE:** **DATE:**/...../.....

PAYMENT REQUIRED WITH ORDER		Amount \$.....
<input type="checkbox"/> Direct Deposit / EFT	Bank: ANZ Banking Group	BSB: 015-056 Account: 225324305 Ref: Please use name of company
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Card Number:..... Expiry Date:..... CCV
Name of Cardholder:.....		Signature.....



ADDITIONAL OFFICEHOLDER/SHAREHOLDER SCHEDULE
(New Company Order Form - Pg 2)

SURNAME / CO: GIVEN NAMES / ACN:.....

FORMER OR MAIDEN NAME(S):

RESIDENTIAL ADDRESS:

DATE OF BIRTH:/...../..... PLACE OF BIRTH (Town/State/country):

Tick office held: Director Shareholder Secretary (optional)

Number & Class of Shares required: Are Shares Held in Trust?: YES NO

SURNAME / CO: GIVEN NAMES / ACN:.....

FORMER OR MAIDEN NAME(S):

RESIDENTIAL ADDRESS:

DATE OF BIRTH:/...../..... PLACE OF BIRTH (Town/State/country):

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Number & Class of Shares required: Are Shares Held in Trust?: YES NO

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Number & Class of Shares required: Are Shares Held in Trust?: YES NO

SURNAME / CO: GIVEN NAMES / ACN:.....

FORMER OR MAIDEN NAME(S):

RESIDENTIAL ADDRESS:

DATE OF BIRTH:/...../..... PLACE OF BIRTH (Town/State/country):

Tick office held: Director Shareholder Secretary (optional)

Number & Class of Shares required: Are Shares Held in Trust?: YES NO

ADDITIONAL NOTES AND/OR INSTRUCTIONS:

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SIGNATURE:.....