

NEW COMPANY REGISTRATION FORM

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April 2024

CLIENT DETAILS

Firm/Organisation	Contant Person (required)
Email Address	Phone Number
Business Address	
Postal Address	

COMPANY NAME

Would you like to use the ACN as the company name?

Proposed Company Name

Alternative Company Name

Legal Elements	Company Type
----------------	--------------

Company Class	Company Sub Class
---------------	-------------------

Question: Has this company name been reserved with ASIC?

Applicant Name	Reservation Number
----------------	--------------------

Is this company name identical to a registered business name?	ABN
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GOVERNANCE

Incorporation State	Constitution Type
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Does the company have an Ultimate Holding Company?

Holding Company Name	ACN/Company Number
----------------------	--------------------

Place of Incorporation

REGISTERED OFFICE ADDRESS

is the premises occupied by someone other than the company?

Office Occupier	Office, Unit, Level
-----------------	---------------------

Street No. and Name	Suburb
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Postcode	State/Territory
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PRINCIPAL PLACE OF BUSINESS

Office, Unit, Level	Street No. and Name
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Suburb/City	Postcode
-------------	----------

State/Territory	Country
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OFFICER 1

Position	Meeting Status
Title	
First Name	Middle Names
Family/Surname	Director ID
Birth Country	Birth Town/City
Birth Date	Email Address

Residential Address

Unit/Level	Street No. and Name
Suburb/City	Postcode
State/Territory	Country

Officer Consent Signature

I provide my consent to act as a director of the proposed company and confirm the above information is true and correct.

OFFICER 2

Position	Meeting Status
Title	
First Name	Middle Names
Family/Surname	Director ID
Birth Country	Birth Town/City
Birth Date	Email Address

Residential Address

Unit/Level	Street No. and Name
Suburb/City	Postcode
State/Territory	Country

Officer Consent Signature

I provide my consent to act as a director of the proposed company and confirm the above information is true and correct.

OFFICER 3

Position	Meeting Status
Title	
First Name	Middle Names
Family/Surname	Director ID
Birth Country	Birth Town/City
Birth Date	Email Address

Residential Address

Unit/Level	Street No. and Name
Suburb/City	Postcode
State/Territory	Country

Officer Consent Signature

I provide my consent to act as a director of the proposed company and confirm the above information is true and correct.

PUBLIC OFFICER

Does the company wish to appoint a Public Officer at the time of incorporation?

Public Officer or

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SHAREHOLDER 1

Shareholder Type

Company Shareholder

Company Name

Place of Incorporation

Company Representative
(Individual)

Email Address

Individual Shareholder

First Name

Middle Names

Family/Surname

Email Address

Joint Shareholder

Select Joint Shareholder

Office, Unit, Level, PO Box

Street No. and Name

Suburb/City

Postcode

State/Territory

Country

Are the shares held on behalf of another person, organisation or trust?

Beneficial Owner

Share Type

No of Shares

Issue Price (AUD)

Total Issued Share Value
(AUD)

SHAREHOLDER 2

Shareholder Type

Company Shareholder

Company Name

Place of Incorporation

Company Representative
(Individual)

Email Address

Individual Shareholder

First Name

Middle Names

Family/Surname

Email Address

Joint Shareholder

Select Joint Shareholder

Office, Unit, Level, PO Box

Street No. and Name

Suburb/City

Postcode

State/Territory

Country

Are the shares held on behalf of another person, organisation or trust?

Beneficial Owner

Share Type

No of Shares

Issue Price (AUD)

Total Issued Share Value
(AUD)

SHAREHOLDER 3

Shareholder Type

Company Shareholder

Company Name

Place of Incorporation

Company Representative
(Individual)

Email Address

Individual Shareholder

First Name

Middle Names

Family/Surname

Email Address

Joint Shareholder

Select Joint Shareholder

Office, Unit, Level, PO Box

Street No. and Name

Suburb/City

Postcode

State/Territory

Country

Are the shares held on behalf of another person, organisation or trust?

Beneficial Owner

Share Type

No of Shares

Issue Price (AUD)

Total Issued Share Value
(AUD)

ADDITIONAL INSTRUCTIONS

Would you like your documents printed, bound and delivered?

Do you require registration for an ABN?

Do you require business name registration with ASIC?

Do you require trade mark registration with IP Australia?

Please note additional fees apply in connection with these services. If you select YES to any of these items we will contact you to confirm requirements following incorporation.

Additional Notes

DECLARATIONS

I/we apply for registration of a company on the basis of the information in this form and any attachments. I/we have the necessary written consents and agreements referred to in the application concerning the member and officeholders and I/we shall give the consents and agreements to the company after the company becomes registered. The information provided in this application and in any annexures is true and correct at the time of signing.

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 us to sign the application for registration of this company as agent on our behalf.

Disclaimer – This form does not constitute 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 unless otherwise agreed. We urge you to first obtain legal and accounting advice in relation to your affairs and in particular this transaction.

Question: How easy was it to fill in this form?