

Company Order Form

FIRM/PERSON PLACING ORDER

Date	
Name	
Company Name	
Street Address	
Billing Address (if different)	
Telephone	
Fax	
Email	

Authorised by: _____ Signature: _____

We draw your attention to the Section 117 of the Corporations Act 2001 that a company must first receive written consent from a person before appointing them as a Director and/or Secretary. We are proceeding with the registration on the assumption that you have the proper authority to instruct us.

Proposed Name of Company

Preferred state of registration

Is this identical to a Registered Business Name? Yes No

If Yes: I DECLARE that I make this application for the company name AS or ON BEHALF of, and with the authority of, all the registered owner(s) of the above identical business name(s).

Signature	Print Name	Date:

REGISTERED OFFICE OF NEW CORPORATION

Address - Include Suite / Level (No PO Box)

Is this a special purpose superannuation company? Yes No If No...

Does the company occupy these premises? Yes No If No...

The occupier of the premises has consented in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent.

PRINCIPAL PLACE OF BUSINESS

Address - Include Suite / Level (No PO Box)

ULTIMATE HOLDING COMPANY

Will the company have an Ultimate Holding Company? Yes No If Yes...

NAME OF ULTIMATE HOLDING COMPANY

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ULTIMATE HOLDING COMPANY REGISTERED OFFICE ADDRESS (If Any)

COMPANY DIRECTORS/SHAREHOLDERS

Full Name					
Residential Address					
Date of Birth		Town of Birth		Country of Birth	
Director	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secretary	<input type="checkbox"/> Yes <input type="checkbox"/> No		
No./Class of shares					

Full Name					
Residential Address					
Date of Birth		Town of Birth		Country of Birth	
Director	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secretary	<input type="checkbox"/> Yes <input type="checkbox"/> No		
No./Class of shares					

Full Name					
Residential Address					
Date of birth		Town of Birth		Country of Birth	
Director	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secretary	<input type="checkbox"/> Yes <input type="checkbox"/> No		
No./Class of shares					

Full Name					
Residential Address					
Date of Birth		Town of Birth		Country of Birth	
Director	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secretary	<input type="checkbox"/> Yes <input type="checkbox"/> No		
No./Class of shares					

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this order.

CONFIRMATION OF ORDER

I confirm that I am authorised by the proposed directors, officers and shareholders to instruct you to register this company.

Signature	Print Name	Date:

