

COMPANY INCORPORATION *Please complete all details in block letters.*

date: _____
from (your firm name): _____ ref: _____
email address: _____

NAME

PLEASE INCORPORATE THE FOLLOWING COMPANY:

THE PROPOSED NAME IS:

1st choice: _____ pty. ltd.

2nd choice: _____ pty. ltd.

3rd choice: _____ pty. ltd.

(note: do not include 2nd choices unless willing to accept that name)

DELIVERY

PLEASE SEND DOCUMENTS FOR EXECUTION

by overnight courier

by overnight courier tomorrow

by local courier

by email

in due course

incorporation is required today

please incorporate a shelf company
and send details immediately

DIRECTORS / SECRETARIES / PUBLIC OFFICER

(ATTACH DETAILS IF MORE THAN 5)

OFFICEHOLDER 1

director

secretary

public officer

sex Male

Female

full name _____

site / residential address _____

state _____

postcode _____

postal address _____

email address _____

phone

work: _____

home: _____

mobile: _____

facsimile

work: _____

date of birth _____

place of birth _____

state of birth _____

is this person also a member?

yes

no

If so, no. of shares _____

value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another person or entity?

yes

no

If yes, name the person for whom the share is held _____



OFFICEHOLDER 2

director

secretary

public officer

sex Male

Female

full name _____

site / residential address _____

state

postcode

postal address _____

email address _____

phone work: _____

home: _____

mobile: _____

facsimile work: _____

date of birth _____

place of birth _____

state of birth _____

is this person also a member? yes

no

If so, no. of shares _____

value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another person or entity? yes

no

If yes, name the person for whom the share is held _____



OFFICEHOLDER 3

director

secretary

public officer

sex Male

Female

full name

site / residential address

state

postcode

postal address

email address

phone

work:

home:

mobile:

facsimile

work:

date of birth

place of birth

state of birth

is this person also a member?

yes

no

If so, no. of shares

value per share \$

class of shares

does the member hold the share/s on trust for another person or entity?

yes

no

If yes, name the person for whom the share is held



OFFICEHOLDER 4

director

secretary

public officer

sex Male

Female

full name _____

site / residential address _____

state

postcode

postal address _____

email address _____

phone

work:

home:

mobile:

facsimile

work: _____

date of birth _____

place of birth _____

state of birth _____

is this person also a member?

yes

no

If so, no. of shares _____

value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another person or entity?

yes

no

If yes, name the person for whom the share is held



OFFICEHOLDER 5

director secretary public officer

sex Male Female

full name _____

site / residential address _____
state _____ postcode _____

postal address _____

email address _____

phone work: _____
home: _____
mobile: _____

facsimile work: _____

date of birth _____ place of birth _____

state of birth _____

is this person also a member? yes no

If so, no. of shares _____ value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another person or entity? yes no

If yes, name the person for whom the share is held

MEMBERS OTHER THAN OFFICEHOLDERS

(ATTACH DETAILS IF MORE THAN 4)

MEMBER 1

full name _____

ACN / ARBN / ABN _____

tax file no. _____

residential / registered office address _____

state _____ postcode _____

postal address _____

email address _____

if so, no. of shares _____ value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another? yes no

if yes, name the person for whom the share is held _____

MEMBER 2

full name _____

ACN / ARBN / ABN _____

tax file no. _____

residential / registered office address _____

state _____ postcode _____

postal address _____

email address _____

if so, no. of shares _____ value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another? yes no

if yes, name the person for whom the share is held _____



MEMBER 3

full name _____

ACN / ARBN / ABN _____

tax file no. _____

residential / registered office address _____
state _____ postcode _____

postal address _____

email address _____

if so, no. of shares _____ value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another? yes no

if yes, name the person for whom the share is held

MEMBER 4

full name _____

ACN / ARBN / ABN _____

tax file no. _____

residential / registered office address _____
state _____ postcode _____

postal address _____

email address _____

if so, no. of shares _____ value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another? yes no

if yes, name the person for whom the share is held

ACCOUNTANTS OF COMPANY

firm name _____
address _____
state _____ postcode _____
email address _____
contact person _____ phone _____

REGISTERED OFFICE

care of _____
floor / building _____
street no. & name _____
town _____
state _____ postcode _____
postal address _____

full name of occupier (if not company) _____

has occupier consented in writing to use of premises? yes no

is the company to be a single director / single member company? yes no

NOTE: if a trustee of a super fund, two (2) directors must be appointed to comply with the SIS act.

BANKER OF COMPANY

bank _____
branch address _____
state _____ postcode _____
email address _____
contact person _____ Phone _____

SIGNATORIES TO CHEQUES

either director both directors any director



PRINCIPAL BUSINESS OFFICE

name of business floor / building _____

street no. & name _____

town _____ postcode _____

DISCRETIONARY TRUST

is a standard family discretionary trust also required? yes no

If yes, a standard family discretionary trust will be established which will have the first two directors / members as the primary beneficiaries with the first named director being appointed the principal. Legal Office Services Pty Ltd will be the settler. If any alterations are required please complete the discretionary trust order form.

full name of trust _____
(e.g. thediscretionary trust)

SELF MANAGED SUPERANNUATION FUND

is the company registered to act solely as trustee of a Self Managed Superannuation Fund? yes no

ANY FURTHER INSTRUCTIONS

