

ORDER FORM - NEW COMPANY

*Please complete all details in block letters

PROPOSED COM	PANY NAME:	
1 st Choice		
2 nd Choice		
3 rd Choice		
Delivery: In due C	course □ By Couri	er □ Urgently Required (today) □
SECTION 1: REGI	STERED OFFICE	
ADDRESS		OCCUPIER (IF NOT COMPANY)
HAS THE OCCUPIE	R CONSENTED IN WRITING:	YES / NO
SECTION 2: DIRE	CTORS / SECRETARIES /	PUBLIC OFFICER
OFFICEHOLDER '	1 director □ sec	retary □ public officer □
FULL NAME		
ADDRESS (street)		
POSTAL ADDRESS		TAX FILE NO.
EMAIL ADDRESS		
PHONE NUMBERS	(W) (H)	(M) (F)
OCCUPATION		
DATE OF BIRTH		ACE OF BIRTH own and State)
	Built on re	putation

Principals
Terry Fanning
Ross Greatrex

369 Flinders Street, Townsville QLD 4810

Phone 07 4772 6699 www.mackeywales.com.au PO Box 6080, Townsville QLD 4810 Facsimile 07 4721 1649

Mackey Wales Law Pty Ltd ACN 618 672 030

Liability limited by a scheme approved under professional standards legislation

IS THIS PERSON ALSO A MEMBER?	YES / NO		IF SO, NUM SHARES	BER OF	
VALUER PER SHARE\$		CLASS OF S		SHARE	
DOES THE MEMBER HOLD THE SHARES ON TRUST FOR ANOTHER ENTITY?	YES / NO	NAME OF PER WHOM SHARE			
OFFICEHOLDER	2 director		secretary		public officer
FULL NAME					
ADDRESS (street)				T	
POSTAL ADDRESS				TAX FILE NO.	
EMAIL ADDRESS					
PHONE/FAX NUMBERS	(W) (M) (F)				
OCCUPATION					
DATE OF BIRTH			PLACE OF B	IRTH	
IS THIS PERSON ALSO A MEMBER?	YES / NO		IF SO, NUME SHARES	BER OF	
VALUER PER SHARE\$			CLASS OF S	HARE	
DOES THE MEMBER HOLD THE SHARES ON TRUST FOR ANOTHER ENTITY?	YES / NO	NAME OF PER WHOM SHARE			

NOTE: If there are more officeholders, please copy page and fill in further details.

SECTION 3: MEMBERS (other than officeholders) MEMBER 1 FULL NAME ABN/ACN: ADDRESS (STREET) TAX FILE NO. **POSTAL ADDRESS** NO. OF SHARES | VALUE OF | **CLASS OF** SHARES SHARES MEMBER 2 **FULL NAME** ABN/ACN: TAX FILE NO. ADDRESS (STREET) NO. OF SHARES | VALUE OF | **CLASS OF POSTAL ADDRESS** SHARES SHARES NOTE: If there are more members, please copy page and fill in further details. **SECTION 4: ACCOUNTANTS** FIRM NAME ACCOUNTANT **ADDRESS** PHONE: **EMAIL: SECTION 5: BANKING BANK CONTACT PERSON**

	E	MAIL	:		
SIGNATORIES TO CHEQUES	either directo	r 🗆	both directors	any director □	

PHONE:

BRANCH ADDRESS

SECTION 6: BUSINESS DETAILS
PRINCIPAL ACTIVITY
BUSINESS ADDRESS
SECTION 7: 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. The solicitor handling your matter will be the settlor. If you require any changes, please request a Discretionary Trust Order Form.
FULL NAME OF TRUST (eg. Brown Family Discretionary Trust)
SECTION 8: PRINCIPALS
FULL NAME OF PRINCIPALS