

AGED COMPANY – ORDER FORM

NAME OF AGED COMPANY:
(refer to our website for a list of available names, contact us to reserve one for you)

If you want to change the name, please add this name here:

TRANSFER DATE:

/ /

← this will be the appointment
date for directors & members

REGISTER BUSINESS NAME: (if required).....

REGISTER DOMAIN NAME: (if required)COM.AU

TYPE OF COMPANY: ☐ Standard ☐ Special Purpose *
*may require changes to the standard constitution – please contact staff for advice

PRINCIPAL PLACE OF BUSINESS:

REGISTERED OFFICE:

Name of Occupier: (if applicable)

Full address:

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 \$.....

☐ Direct Deposit / EFT

Bank: ANZ Banking Group

BSB: 015-056 Account: 225324305

Ref: Please use name of aged company

☐ MasterCard

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

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FORMER OR MAIDEN NAME(S):
RESIDENTIAL ADDRESS:
DATE OF BIRTH: / / PLACE OF BIRTH (Town/State/country):
Tick office held: Director ☐ Shareholder ☐
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RESIDENTIAL ADDRESS:
DATE OF BIRTH: / / PLACE OF BIRTH (Town/State/country):
Tick office held: Director ☐ Shareholder ☐
Number & Class of Shares required: Are Shares Held in Trust?: YES ☐ NO ☐

ADDITIONAL NOTES AND/OR INSTRUCTIONS:

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SIGNATURE:.....