

COMPANY DEREGISTRATION – ORDER FORM

COMPANY NAME:..... **ACN:**.....

DETAILS OF OFFICEHOLDERS/MEMBERS:

SURNAME / CO:

GIVEN NAMES / ACN:.....

RESIDENTIAL ADDRESS:

DATE OF BIRTH: / / PLACE OF BIRTH (Town/State/country):

Tick office held: Director Secretary Member

SURNAME / CO:

GIVEN NAMES / ACN:.....

RESIDENTIAL ADDRESS:

DATE OF BIRTH: / / PLACE OF BIRTH (Town/State/country):

Tick office held: Director Secretary Member

(If more than two officeholders/members attach additional schedule) Please indicate here if schedule is used

MEETING ADDRESS:.....

APPLICANT DETAILS (Applicant must be a director / member / liquidator) PLEASE CIRCLE

NAME.....

FULL ADDRESS:.....

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.

CLIENT DETAILS (FIRM):.....

CONTACT PERSON: PH: FAX:

FULL ADDRESS:.....

EMAIL: SIGNATURE: DATE: / /

Please note: Please ensure all documents (i.e. Annual Returns) have been lodged and paid for with ASIC before proceeding with deregistration. Our fees do not include payment of such documents. The company must have less than \$1000 in assets and have no outstanding liabilities nor should the company be party to any legal proceedings. The company must have ceased to carry on business and all members must agree to deregister.

PAYMENT REQUIRED WITH ORDER

Amount \$270.00

Direct Deposit / EFT

Bank: ANZ Banking Group BSB: 015-056 Account: 225324305 Ref: Please use name of company

MasterCard

Visa

Card Number:..... Expiry Date:..... CCV

Name of Cardholder:..... Signature:.....

Please email completed form to contact@abnaustralia.com.au

ADDITIONAL OFFICEHOLDER/MEMBER SCHEDULE
(Company Deregistration Form - Pg 2)**COMPANY NAME:**.....**ACN:**.....

SURNAME / CO:

GIVEN NAMES / ACN:.....

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SURNAME / CO:

GIVEN NAMES / ACN:.....

RESIDENTIAL ADDRESS:

DATE OF BIRTH:/. /..... PLACE OF BIRTH (Town/State/country):

Tick office held: Director Secretary Member **ADDITIONAL NOTES/INSTRUCTIONS:**..........
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