

CHANGE OF COMPANY DETAILS FORM

APPLICANT DETAILS - NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

COMPANY DETAILS

NAME OF COMPANY _____

A.C.N. _____ **DATE OF CHANGE** _____

REGISTERED OFFICE ADDRESS _____

CHANGES TO OFFICEHOLDERS AND MEMBERS OF THE COMPANY

NEW APPOINTMENT DIRECTOR SECRETARY MEMBER

FULL LEGAL NAME _____ **DIRECTOR ID** _____

STREET ADDRESS _____

DATE OF BIRTH _____ TOWN & STATE OF BIRTH _____
(OR COUNTRY IF NOT AUSTRALIA)

NUMBER, CLASS & VALUE OF SHARES _____

BENEFICIALLY HELD YES NO - NAME OF TRUST: _____

RESIGNATION DIRECTOR SECRETARY MEMBER

FULL LEGAL NAME _____ **DIRECTOR ID** _____

STREET ADDRESS _____

DATE OF BIRTH _____ TOWN & STATE OF BIRTH _____
(OR COUNTRY IF NOT AUSTRALIA)

NUMBER, CLASS & VALUE OF SHARES _____

BENEFICIALLY HELD YES NO - NAME OF TRUST: _____

CHANGES TO COMPANY DETAILS

Please advise other changes to your company's details here:

PAYMENT DETAILS VISA MASTERCARD **Amount Due: POA**

(please call our office on 08 8231 6661 if you would prefer to pay by credit card over the phone)

Credit Card Number _____ Expiry Date _____

Name of Cardholder _____ The Cardholder authorises Shelfcom to charge this credit card

Or Direct Deposit Shelfcom BSB: 105-900 Account No. 978220340 (quote company name as reference & attach proof of payment)