

CHANGE OF COMPANY NAME FORM

APPLICANT DETAILS - NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

COMPANY DETAILS

NAME OF COMPANY _____

A.C.N. _____

REGISTERED OFFICE ADDRESS _____

PROPOSED NEW NAME _____

Is this name a registered Business Name? Yes No

Provide ABN or BN of registered business name _____

LIST ALL CURRENT OFFICEHOLDERS AND MEMBERS IN THE COMPANY

POSITION HELD DIRECTOR SECRETARY MEMBER

FULL NAME _____

ADDRESS _____

POSITION HELD DIRECTOR SECRETARY MEMBER

FULL NAME _____

ADDRESS _____

POSITION HELD DIRECTOR SECRETARY MEMBER

FULL NAME _____

ADDRESS _____

POSITION HELD DIRECTOR SECRETARY MEMBER

FULL NAME _____

ADDRESS _____

PAYMENT DETAILS VISA MASTERCARD **Amount Due: \$656.00**

(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)