

NEW COMPANY ORDER FORM

APPLICANT DETAILS

NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

I/we apply for registration of a company on the basis of the information on this page and any attachments. I/we declare that all the proposed officeholders and shareholders listed below have provided me/us with their signed written consents in relation to their proposed officeholding and/or shareholding in the company and I/we shall give such consents to the company after the company becomes registered. I/We declare that the information provided on this page and any attachments is true and correct. On behalf of all the proposed officeholders and shareholders listed below, I/we hereby authorise and appoint Shelfcom as my/our/their agent to complete, sign and lodge on my/our/their behalf an Application for Registration as an Australian Company (Form 201) with the Australian Securities & Investments Commission. Where Credit Card details have been completed in the "Payment Details" panel at the bottom of this form Shelfcom is hereby authorised to charge the Credit Card for the Amount Due as described below in the Payment Details panel.

Signed by the above-named Applicant(s)

on his/her own behalf and on behalf of the proposed officeholders and shareholders listed below.

COMPANY DETAILS

COMPANY NAME _____

STATE OF INCORPORATION _____

REGISTERED OFFICE _____

Name of Occupier if Consenting Office _____

PRINCIPAL PLACE OF BUSINESS _____

Is this Company a Superannuation Trustee Company? Yes No

Does this Company have an Ultimate Holding Company? Yes - Provide name: _____ No

Is this Company the same name as a registered Business Name belonging to the Officers or Members below? Yes No

 DIRECTOR **SECRETARY** **SHAREHOLDER** **PUBLIC OFFICER**

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: _____

 DIRECTOR **SECRETARY** **SHAREHOLDER** **PUBLIC OFFICER**

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: _____

PAYMENT DETAILS **VISA** **MASTERCARD** **Amount Due: \$930.00**
(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)