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ORDER FORM – SHELF COMPANY/CHOICE OF NAME

YOUR FIRM					
YOUR NAME					
DELIVERY ADDRESS					
DATE		PHONE NO.		FAX NO.	

I hereby agree to registration of the company & state that each of the proposed officers/members below have consented to act as such in writing:

YOUR NAME		YOUR SIGNATURE	
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NEW COMPANY NAME (1 st Preference)	
NEW COMPANY NAME (2 nd Preference)	
REGISTERED OFFICE	
NAME OF OCCUPIER (If Company Not Occupier)	
BUSINESS ADDRESS	
NATURE OF BUSINESS	

DIRECTORS – SECRETARIES - PUBLIC OFFICER - MEMBERS

Full Name			
Address			
Date of Birth		Place of Birth	
Director? Yes/No	Secretary? Yes/No	Public Officer? Yes/No	
Member? Yes/No	If Member, No. of Shares Required		

Full Name			
Address			
Date of Birth		Place of Birth	
Director? Yes/No	Secretary? Yes/No	Public Officer? Yes/No	
Member? Yes/No	If Member, Number of Shares Required		

POWER OF ATTORNEY REQUIRED? (Additional Cost Applies)

Full Name	
Address	

If you prefer to use your credit card, please fill in below. Please fax or mail this order form to us. Amount \$.....

Mastercard Credit Card No. Expiry Date:

Visa Cardholder's Name (Please Print)

Cardholder's Signature