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ORDER FORM – COMPANY REGISTER COMPLETE

(Please provide copy of Form 201 as lodged together with Certificate of Registration)

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

NEW COMPANY NAME		
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? (In the case of Single Director Company) (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