



A.C.N. 079 220 901

admin@banksiacorporate.com.au
www.banksiacorporate.com.au

71 Banksia Crescent,
 Hoppers Crossing, Vic. 3029

Telephone (03) 9734 6780
 Facsimile (03) 9734 8944

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
------------------	-----------------------

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