

Order Form – NEW COMPANY REGISTRATION/SHELF COMPANY - July 2018

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

NEW COMPANY NAME (1 st Preference)			
NEW COMPANY NAME (2 nd Preference)			
REGISTERED OFFICE			
NAME OF OCCUPIER (If Company Not Occupier)			
BUSINESS ADDRESS			
STATE OF REGISTRATION	<input type="checkbox"/> ACT <input type="checkbox"/> NSW <input type="checkbox"/> NT <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> TAS <input type="checkbox"/> VIC <input type="checkbox"/> WA		
Identical Business Name Exists? <input type="checkbox"/> Yes SMSF Trustee? <input type="checkbox"/> Yes	OPTION 1 Hardcopy Company with Binder, Register, all Docs. & 3 Copies of Constitution <input type="checkbox"/> Yes \$730	OPTION 2 Electronic Company Only with all Docs. & Constitution <input type="checkbox"/> Yes \$670	EXTRAS Option 1 & 2 Common Seal <input type="checkbox"/> Yes (total) \$780 <input type="checkbox"/> Yes \$44 Constitution (Hardcopy) <input type="checkbox"/> Yes \$11 Constitution (Electronic) <input type="checkbox"/> Yes Free

DIRECTORS – SECRETARIES - PUBLIC OFFICER - MEMBERS

Full Name			
I hereby agree to registration of the company & state that I agree to act in each capacity as indicated below:		Signature X	
Address			
Date of Birth		Place of Birth	
Director <input type="checkbox"/> Yes <input type="checkbox"/> No	Secretary <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Officer <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Shares Held (if any)

Full Name			
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Date of Birth		Place of Birth	
Director <input type="checkbox"/> Yes <input type="checkbox"/> No	Secretary <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Officer <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Shares Held (if any)

CREDIT CARD PAYMENT

<input type="checkbox"/> MasterCard	Credit Card No.	Expiry Date	Amount \$
<input type="checkbox"/> Visa			
Cardholder's Name		Cardholder's Signature	