



Order Form – ESTABLISHMENT OF COMPANY REGISTER - July 2019

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

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

I hereby agree to registration of the company & state that each of the proposed officers/members below has 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			
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 \$265	OPTION 2 Electronic Company Only with all Docs. & Constitution <input type="checkbox"/> Yes \$215	EXTRAS Option 1 & 2 <input type="checkbox"/> Yes \$315 Common Seal <input type="checkbox"/> Yes \$55 Constitution (Hardcopy) <input type="checkbox"/> Yes \$10 Constitution (Electronic) <input type="checkbox"/> Yes \$10

DIRECTORS – SECRETARIES - PUBLIC OFFICER - MEMBERS

Full Name			
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			
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)

CREDIT CARD PAYMENT

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