



SHELF  
COMPANY SERVICES

ACN 608 393 451  
ABN 52 608 393 451

Free Call: 1300 842 223

Ph: 07 55741192

www.shelfcompany.com.au

info@shelfcompany.com.au

Office: By Appointment Only



# Company Order Form

Firm (if any)	_____	Date	_____
Contact Person	_____	Phone	_____
Email	_____	Ref No.	_____

SHELF COMPANY SERVICES AUSTRALIA PTY LTD provides a document preparation and registration service. SHELF COMPANY SERVICES AUSTRALIA PTY LTD does not provide legal or professional advice. Any person wishing to register a company should obtain advice from a legal practitioner or accountant to ensure the Company is suitable for its intended use.

## Name required

(ASIC register all names in upper case only. If you wish the company register to show the name partly or wholly in lower case please indicate in 'Special instructions')

Is the proposed name identical to an existing business name?  Yes  No if YES, please complete number below

BN/ABN	_____	State	_____
BN/ABN	_____	State	_____

I DECLARE that the owners (proprietors) of the existing business name form part of this new company registration.

Name	_____	Signed	_____
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## Company Options

- Full Documentation Hard Copy - including fully completed register, preparation of necessary ASIC lodgements, Bank Account Kit, 3 Copies of the Constitution (including Division 7a Compliant), Deluxe A4 binder, couriered to your door
- Digital Version
- Replace standard A4 binder with larger foolscap binder
- Common seal required
- Replace standard A4 binder with A4 blue binder - proudly supporting beyondblue
- Bookkeeping service available (tick if interested to meet with Lea)

Will this company act solely as a trustee of a regulated Superannuation Fund?  Yes  No

State Please change state if this company is to be registered outside of QLD. \_\_\_\_\_

## Consents (One box must be selected)

- Signed consents from all proposed officers and shareholders are attached. (Signatures required on all consents)
- I/We are holding the required consents from all proposed officers and shareholders. I/We agree to be the applicant for the registration of the company and appoint Shelf Company Services Australia Pty Ltd to act as my/our agent. (Signature not required)

## Registered office

\_\_\_\_\_  
\_\_\_\_\_

Principal place of business  as above or

\_\_\_\_\_  
\_\_\_\_\_

Ultimate holding company (if any)

Company Name	_____
ACN	_____
Country of Origin	_____

## Special instructions

\_\_\_\_\_

PLEASE NOTE: IF YOU DO NOT HOLD AN ACCOUNT WITH SHELF COMPANY SERVICES AUSTRALIA PTY LTD ACN 608 393 451, PLEASE PROVIDE THE PAYMENT WITH YOUR ORDER. (SEE CURRENT FEE SCHEDULE). EMAIL ALL ORDER FORMS TO info@shelfcompany.com.au.

## DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 1

Please include full names of the persons ie Greg John SMITH & if the shareholder is a company ie COMPANY PTY LTD A.C.N. 000 000 000

Name \_\_\_\_\_

Address \_\_\_\_\_

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is acceptable for shareholders only.)

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Positions Held  Director  Secretary  Public Officer  Shareholder

### Shareholdings

Number of ORDINARY Class Shares \_\_\_\_\_ Paid \$1.00 p/share or \$ \_\_\_\_\_ Unpaid \$ \_\_\_\_\_

Number of OTHER Class Shares \_\_\_\_\_ Class of Share \_\_\_\_\_ Paid \$1.00 p/share or \$ \_\_\_\_\_ Unpaid \$ \_\_\_\_\_

Are the shares beneficially held? (This must be completed)  Yes  No

If no, please provide name of holder (Optional) \_\_\_\_\_

### Signed Consent

I hereby consent to be named in the ASIC application for registration as a company as:

1. An officer of the company in the capacities indicated above; and
2. (if indicated above) A shareholder who has agreed to take up the shares listed above and (if the company has elected to have a constitution) who has agreed to the terms of the proposed Shelf Company Services Australia Pty Ltd standard constitution.

Date \_\_\_\_\_ Sign Here \_\_\_\_\_

## DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 2

Please include full names of the persons ie Greg John SMITH & if the shareholder is a company ie COMPANY PTY LTD A.C.N. 000 000 000

Name \_\_\_\_\_

Address \_\_\_\_\_

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is acceptable for shareholders only.)

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Positions Held  Director  Secretary  Public Officer  Shareholder

### Shareholdings

Number of ORDINARY Class Shares \_\_\_\_\_ Paid \$1.00 p/share or \$ \_\_\_\_\_ Unpaid \$ \_\_\_\_\_

Number of OTHER Class Shares \_\_\_\_\_ Class of Share \_\_\_\_\_ Paid \$1.00 p/share or \$ \_\_\_\_\_ Unpaid \$ \_\_\_\_\_

Are the shares beneficially held? (This must be completed)  Yes  No

If no, please provide name of holder (Optional) \_\_\_\_\_

### Signed Consent

I hereby consent to be named in the ASIC application for registration as a company as:

1. An officer of the company in the capacities indicated above; and
2. (if indicated above) A shareholder who has agreed to take up the shares listed above and (if the company has elected to have a constitution) who has agreed to the terms of the proposed Shelf Company Services Australia Pty Ltd standard constitution.

Date \_\_\_\_\_ Sign Here \_\_\_\_\_

## DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 3

Please include full names of the persons ie Greg John SMITH & if the shareholder is a company ie COMPANY PTY LTD A.C.N. 000 000 000

Name \_\_\_\_\_

Address \_\_\_\_\_

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is acceptable for shareholders only.)

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Positions Held  Director  Secretary  Public Officer  Shareholder

### Shareholdings

Number of ORDINARY Class Shares \_\_\_\_\_ Paid \$1.00 p/share or \$ \_\_\_\_\_ Unpaid \$ \_\_\_\_\_

Number of OTHER Class Shares \_\_\_\_\_ Class of Share \_\_\_\_\_ Paid \$1.00 p/share or \$ \_\_\_\_\_ Unpaid \$ \_\_\_\_\_

Are the shares beneficially held? (This must be completed)  Yes  No

If no, please provide name of holder (Optional) \_\_\_\_\_

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Date \_\_\_\_\_ Sign Here \_\_\_\_\_