



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	_____
------	-------	--------	-------

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
- 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)

(Signatures required on all consents)

- Signed consents from all proposed officers and shareholders are attached.
- 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 if a Director, the Director has a Directors ID. **All directors must comply with the Director ID requirements. Visit <http://www.abrs.gov.au/>**
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 if a Director, the director has a Directors ID. **All directors must comply with the Director ID requirements. Visit <http://www.abrs.gov.au/>**
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) _____

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 if a Director, the Director has a Director ID. **All directors must comply with the Director ID requirements. Visit <http://www.abrs.gov.au/>**
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 _____