



SHELF
COMPANY SERVICES
 ACN 608 393 451
 ABN 52 608 393 451

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Office: By Appointment Only



Company Name Change

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 complete this procedure should obtain advice from a legal practitioner or accountant to ensure the change is suitable for its intended use.

Section A - Each item must be completed

COMPANY NAME _____
 ACN _____
 NEW COMPANY NAME _____

Common seal required No Yes (Additional fee - see current fee schedule)

Section B - Officers who will be present and all shareholders entitled to vote.

(If possible all shareholders should be present to allow for agreement to short notice)
 Surname & given names of individuals name & ACN for companies.

	Director	Shareholder
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

(If a shareholder is a company give company name, ACN and the name of the person representing the company)

Section C - Meeting (Please provide full address and date)

Location of meeting _____
 Date of meeting _____ Time _____
 Directors _____
 Shareholder _____
 Chairperson _____

21 Days notice required (Unless this box is ticked we will assume all Shareholders will agree to the meeting being held on short notice.)