



SHELF
COMPANY SERVICES

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ABN 52 608 393 451

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Office: By Appointment Only



Name Reservation

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 _____

Is the proposed name identical to an existing business name? Yes No

ABN _____ STATE _____

I DECLARE that I/we make this application for the company name as, or on behalf of, and with the authority of the registered owner/s of the above identical business name/s.

Type of Company

Proprietary Public Public - Limited by Guarantee Foreign

The Reservation is for a Proposed

New company Name Change

If a change name please provide existing name & A.C.N

Company name _____

A.C.N _____

Special Instructions

NOTE: A name reserved for a period of 2 months. reservations may be extended (Additional fee).