



SHELF
COMPANY SERVICES

ACN 608 393 451
ABN 52 608 393 451

Free Call: 1300 842 223

Ph: 0755741192

www.shelfcompany.com.au

info@shelfcompany.com.au

Office: By Appointment Only



Public Company (Limited By Guarantee)

Note: All directors must comply with the Director ID requirements. Visit www.abrs.gov.au

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'.)

Company Options

Standard company includes fully completed register preparation of all necessary ASIC lodgements, Bank account kit, 3 copies of the constitutions and A4 Deluxe binder.

Please tick non-standard option(s) required, If any

Common seal required (additional fee, see current fee schedule)

State Please nominate the State the company is to be registered in _____

Special purpose company - (Non profit)

The constitution of this company:

- (i) Requires the company to pursue charitable purposes only and to apply its income in promoting those purposes; and
- (ii) Prohibits the company making distribution to its shareholders and paying fees to its directors; and
- (iii) Requires its directors to approve all other payments the company makes to them.

Do you require DGR clauses in the constitution?

Consents (One box must be selected)

Signed consents from all proposed officers and shareholders are attached. (Signatures required on order form)

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 on Order Form)

Special instructions (e.g. non-standard constitution)

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

Surname _____ Given names _____

Date of birth _____ Place of birth _____

(Place and State for Australian Birthplaces)

Address (Full residential address)

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is not acceptable.)

Unit/Suite/Apartment _____

Street _____

Place _____ State: _____ Postcode _____

Country _____

Positions Held Director Secretary Public Officer Shareholder

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;
2. (if indicated above) A shareholder who has agreed to the terms of the proposed Constitution and agree to a shareholders guarantee of _____ Dollars (\$ _____)

Date _____ Sign here _____

DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 2

Surname _____ Given names _____

Date of birth _____ Place of birth _____

(Place and State for Australian Birthplaces)

Address (Full residential address)

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is not acceptable.)

Unit/Suite/Apartment _____

Street _____

Place _____ State: _____ Postcode _____

Country _____

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Date _____ Sign here _____

DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 3

Surname _____ Given names _____

Date of birth _____ Place of birth _____

(Place and State for Australian Birthplaces)

Address (Full residential address)

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is not acceptable.)

Unit/Suite/Apartment _____

Street _____

Place _____ State: _____ Postcode _____

Country _____

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Date _____ Sign here _____

DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 4

Surname _____ Given names _____

Date of birth _____ Place of birth _____

(Place and State for Australian Birthplaces)

Address (Full residential address)

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is not acceptable.)

Unit/Suite/Apartment _____

Street _____

Place _____ State: _____ Postcode _____

Country _____

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Date _____ Sign here _____

DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 5

Surname _____ Given names _____

Date of birth _____ Place of birth _____

(Place and State for Australian Birthplaces)

Address (Full residential address)

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is not acceptable.)

Unit/Suite/Apartment _____

Street _____

Place _____ State: _____ Postcode _____

Country _____

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Signed Consent

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Date _____ Sign here _____

DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 6

Surname _____ Given names _____

Date of birth _____ Place of birth _____

(Place and State for Australian Birthplaces)

Address (Full residential address)

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is not acceptable.)

Unit/Suite/Apartment _____

Street _____

Place _____ State: _____ Postcode _____

Country _____

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Signed Consent

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Date _____ Sign here _____

DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 7

Surname _____ Given names _____

Date of birth _____ Place of birth _____

(Place and State for Australian Birthplaces)

Address (Full residential address)

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is not acceptable.)

Unit/Suite/Apartment _____

Street _____

Place _____ State: _____ Postcode _____

Country _____

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Signed Consent

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Date _____ Sign here _____

DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 8

Surname _____ Given names _____

Date of birth _____ Place of birth _____

(Place and State for Australian Birthplaces)

Address (Full residential address)

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is not acceptable.)

Unit/Suite/Apartment _____

Street _____

Place _____ State: _____ Postcode _____

Country _____

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Signed Consent

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Date _____ Sign here _____

DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 9

Surname _____ Given names _____

Date of birth _____ Place of birth _____

(Place and State for Australian Birthplaces)

Address (Full residential address)

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is not acceptable.)

Unit/Suite/Apartment _____

Street _____

Place _____ State: _____ Postcode _____

Country _____

Positions Held Director Secretary Public Officer Shareholder

Signed Consent

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Date _____ Sign here _____

DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 10

Surname _____ Given names _____

Date of birth _____ Place of birth _____

(Place and State for Australian Birthplaces)

Address (Full residential address)

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is not acceptable.)

Unit/Suite/Apartment _____

Street _____

Place _____ State: _____ Postcode _____

Country _____

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Date _____ Sign here _____