



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 Shares)

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 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.

Name \_\_\_\_\_ Signed \_\_\_\_\_

### Company Options

Standard company includes fully completed register preparation of all necessary ASIC lodgements, Bank account kit, 3 copies of the constitution deluxe A4 binder and couriered to your door.

Please tick non-standard option(s) required (See current fee schedule)

- Common seal required (Additional Fee)
- No Constitution (company will rely entirely on replaceable rules)

State Please nominate the State the company is to be registered in \_\_\_\_\_

### Method of registration (one box must be selected)

- Signed consents from all proposed officers and shareholders are attached. (Signature **required** on 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

At the office of: \_\_\_\_\_  
 Unit/Suite/Level/Building \_\_\_\_\_  
 Street \_\_\_\_\_  
 Place \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### Principal place of business as above or

Unit/Suite/Level/Building \_\_\_\_\_  
 Street \_\_\_\_\_  
 Place \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### 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

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
(Place and State for Australian Birthplaces)

Company name (Shareholder only) \_\_\_\_\_ ACN \_\_\_\_\_

Address (full residential address)

Unit/Suite/Level/Building \_\_\_\_\_

Street \_\_\_\_\_

Place \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

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

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

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
(Place and State for Australian Birthplaces)

Company name (Shareholder only) \_\_\_\_\_ ACN \_\_\_\_\_

Address (full residential address)

Unit/Suite/Level/Building \_\_\_\_\_

Street \_\_\_\_\_

Place \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

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

Positions Held  Director  Secretary  Public Officer  Shareholder

### Shareholdings

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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 \_\_\_\_\_

## DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 3

Surname \_\_\_\_\_ Given names \_\_\_\_\_

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

(Place and State for Australian Birthplaces)

Company name (Shareholder only) \_\_\_\_\_ ACN \_\_\_\_\_

Address (full residential address)

Unit/Suite/Level/Building \_\_\_\_\_

Street \_\_\_\_\_

Place \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

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Positions Held  Director  Secretary  Public Officer  Shareholder

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

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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)

Company name (Shareholder only) \_\_\_\_\_ ACN \_\_\_\_\_

Address (full residential address)

Unit/Suite/Level/Building \_\_\_\_\_

Street \_\_\_\_\_

Place \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

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

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 \_\_\_\_\_

## DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 5

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
(Place and State for Australian Birthplaces)

Company name (Shareholder only) \_\_\_\_\_ ACN \_\_\_\_\_

Address (full residential address)

Unit/Suite/Level/Building \_\_\_\_\_

Street \_\_\_\_\_

Place \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

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

Positions Held  Director  Secretary  Public Officer  Shareholder

### Shareholdings

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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)

Company name (Shareholder only) \_\_\_\_\_ ACN \_\_\_\_\_

Address (full residential address)

Unit/Suite/Level/Building \_\_\_\_\_

Street \_\_\_\_\_

Place \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

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Positions Held  Director  Secretary  Public Officer  Shareholder

### Shareholdings

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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)

Company name (Shareholder only) \_\_\_\_\_ ACN \_\_\_\_\_

Address (full residential address)

Unit/Suite/Level/Building \_\_\_\_\_

Street \_\_\_\_\_

Place \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

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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)

Company name (Shareholder only) \_\_\_\_\_ ACN \_\_\_\_\_

Address (full residential address)

Unit/Suite/Level/Building \_\_\_\_\_

Street \_\_\_\_\_

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