



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

1300 842 223

1300 459 503

www.shelfcompany.com.au

info@shelfcompany.com.au

Suite 1E, 109 Upton Street Bundall, QLD 4217



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

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

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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 _____

(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 \$ _____

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If no, please provide name of holder (Optional) _____

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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

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

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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 _____

(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 \$ _____

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If no, please provide name of holder (Optional) _____

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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 _____

(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

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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 _____

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 \$ _____

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Signed Consent

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Date _____ Sign Here _____