



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



Deregistration of a Company

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 _____

Applicant (may be the company itself, a director or shareholder of the company, or a liquidator of the company)

The applicant will have to declare that the following statements are correct.

- (a) All shareholders of the Company agree to the deregistration; and
- (b) The Company is not carrying on business; and
- (c) The Company's assets are worth less than \$1000; and
- (d) The Company has paid all fees and penalties under the Corporations Law; and
- (e) The Company has no outstanding liabilities; and
- (f) The Company is not a party to any legal proceedings.

Name of Applicant

Surname & given name(s) of individuals, name & ACN for companies.

Name _____

Address (Not PO BOX) _____

Details of Nominee

If the **applicant is the Company**, it must nominate a person to be given notice of the deregistration.

Name _____

Address (Not PO BOX) _____

Section B - Officers who will be present and ALL Shareholders.

Surname and given name(s) 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"/>

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

Location of meeting _____

Date of meeting _____ **Time** _____

Directors _____

Shareholder _____

Chairperson _____

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.