

ABN 52 608 393 451

SHELF

Ph: 0755741192

www.shelfcompany.com.au
info@shelfcompany.com.au

Office: By Appointment Only

Business Name Application

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.

Warning/Declaration

Registering a business name does not give the holder exclusive name rights. The holder may be subject to legal action for using a business name that has the potential to mislead the public.

The holder may be inadvertently infringing someone else's trade mark with the proposed business name. Choosing a business name that infringes an existing trade mark can be a costly exercise—it could mean hefty legal bills, drawn out disputes and even the closure of the business. That is why it's so important to undertake a trade mark (TM) check. Visit IP Australia to search trademarks.

A holder that is part of a franchise needs consent from the franchise owner to use the business name. Visit the Franchise Council of Australia for more information about franchises.

The holder should check for any state or territory business licences that may be required. Get tailored information about government-related licences, registrations and permits at the Australian Business Licence and Information Service (ABLIS).

The holder may want to register a domain name in addition to the business name. For more information and to search for available domain names before applying for a business name see the Australian Domain Name Administrator (AUDA).

The applicant must declare that the following statements are true for the applicant and for each person involved in the management of the applicant entity to determine eligibility to register a business name, including:

- if the applicant is a body corporate each director and secretary (or their equivalents) of the body corporate;
- if the applicant is a partnership each partner of the partnership;
- if the applicant is an unincorporated association or other body, each member of the committee of management of the unincorporated association or body;
- if the applicant is a trust each trustee of the trust;
- if the applicant is a joint venture each joint venture partner.
- I am not disqualified from managing corporations under section 206B(1) of the Corporations Act 2001

Within the last 5 years I have not been:

- convicted of, or
- released from prison after being convicted of, and serving a term of imprisonment for, any of the criminal offences referred to in section 32(1)(c) or (d) of the Business Names Registration Act 2011
- * This application is submitted under, and is compliant with, the terms and conditions of the ASIC Electronic Lodgement Protocol.
- * To the best of my knowledge, the information supplied in this application is complete and accurate (it is an offence to provide false or misleading information to ASIC).

I declare that:

* I am lodging this application on behalf of the applicant (the proposed business name holder) and am authorised to: submit this application for lodgement on behalf of the applicant under the terms and conditions of the ASIC Electronic Lodgement Protocol; and make each of the above declarations on behalf of the applicant after making all due and proper enquiries. I also authorise SHELF COMPANY SERVICES AUSTRALIA PTY LTD to lodge this form and to act on my/our behalf.

SIGNED		
NAME	DATE	

□ An organisation body.□ Partnership or□ Joint venture w	trader). an ACN) or registered body (with an ARBN). that is an incorporated body (without an ACN or ARBN), a trust, a superannuation fund or an unincorporated joint venture with an ABN. ith an ABN for each of the joint venture partners. ies on business exclusively on Christmas Island or the Cocos (Keeling) Islands and does not have an ABN.	
ABN or ABN	l reference number	
Email addre		
Address for services of document		
Principal pla	ace of business	
	••	
Owner Deta Individual/partn (Please provide full		
Name _		
Address		
Date of Birth	Place of Birth	
Name		
Address		
Date of Birth	Place of Birth	
Name		
Address		
Date of Birth	Place of Birth	
Name _		
Address	Diagonal Pingle	
Date of Birth	Place of Birth	
Name Address		
Date of Birth	Place of Birth	
-		
Name		
Address		
Date of Birth	Place of Birth	
Company Company Name		
A.C.N		
Other i.e. Trust Name		
Special Req	uirements	