



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



# Change to Company Officeholders

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 \_\_\_\_\_

## Outgoing Officeholders (Please ensure that date ceased is completed)

### Officeholders Names

	Director	Secretary	Date Ceased
_____	<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 B - Incoming Officeholders

Appointment Date \_\_\_\_\_

(Surname & Given Name(s) & Residential Address)

Name \_\_\_\_\_ Director  Secretary

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (Include State/ Country) \_\_\_\_\_

Appointment Date \_\_\_\_\_

(Surname & Given Name(s) & Residential Address)

Name \_\_\_\_\_ Director  Secretary

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (Include State/ Country) \_\_\_\_\_

Appointment Date \_\_\_\_\_

(Surname & Given Name(s) & Residential Address)

Director

Secretary

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (Include State/ Country) \_\_\_\_\_

---

Appointment Date \_\_\_\_\_

(Surname & Given Name(s) & Residential Address)

Director

Secretary

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (Include State/ Country) \_\_\_\_\_

---

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

Location of meeting \_\_\_\_\_

Date of meeting \_\_\_\_\_ Time \_\_\_\_\_

Directors \_\_\_\_\_

Members \_\_\_\_\_

Chairperson \_\_\_\_\_

---