



COMPANY ORDER FORM – Page 1 of 3

THE COMPANY PEOPLE PTY LTD	LEVEL 1, 50-58 MOORABOOL STREET GEELONG VICTORIA 3220
<i>Tel:</i> 1800 039 061	<i>Fax:</i> 1800 633 644
Website: www.thecompanypeople.com.au	email: admin@thecompanypeople.com.au

FIRM/PERSON PLACING ORDER

Firm Name: _____ **Contact Name:** _____

Address: _____

Phone: _____ **Fax:** _____

We draw your attention to the Section 117 of the Corporations Act 2001 that a company must first receive written consent from a person before appointing them as a Director and/or Secretary. We are proceeding with the registration on the assumption that you have the proper authority to instruct us.

PROPOSED NAME OF COMPANY: _____

Preferred State of Registration: _____

Is this identical to a Registered Business Name?: Yes / No

If Yes: I DECLARE that I make this application for the company name AS or ON BEHALF of, and with the authority of, all the registered owner(s) of the above identical business name(s).

Signature(s):	Print Name(s)	Date:
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Is this a special purpose Superannuation Trustee Company?: Yes / No

Registered Office of New Incorporation:

Address (No PO Box) Include Suite/Level: _____

Does the company occupy these premises: Yes / No **If No**

The occupier of the premises has consented in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent.

Principal Place of Business:

Address (No PO Box) Include Suite/Level: _____

ULTIMATE HOLDING COMPANY:

Will the company have an Ultimate Holding Company: Yes / No

If yes:

Name of Ultimate Holding Company: _____

Registered office address: _____

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DIRECTORS, OFFICERS & SHAREHOLDERS**

**If there are Corporate Shareholders please include ACN and Registered Office Address

FULL NAME: _____

Former Name: (if applicable) _____

Residential Address: _____

Date, of birth: _____ town of birth _____ & country of birth _____

Director Yes/No Secretary Yes/No Public officer Yes/No No./Class of shares

FULL NAME: _____

Former Name: (if applicable) _____

Residential Address: _____

Date, of birth: _____ town of birth _____ & country of birth _____

Director Yes/No Secretary Yes/No Public officer Yes/No No./Class of shares

FULL NAME: _____

Former Name: (if applicable) _____

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Director Yes/No Secretary Yes/No Public officer Yes/No No./Class of shares

FULL NAME: _____

Former Name: (if applicable) _____

Residential Address: _____

Date, of birth: _____ town of birth _____ & country of birth _____

Director Yes/No Secretary Yes/No Public officer Yes/No No./Class of shares

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this order

Instructions for a Deed of Trust associated with this company are enclosed: Yes / No

Please Fax completed and signed order form to 1800 633 644.

I confirm that I am authorized by the proposed directors, officers and shareholders to instruct you to register this company.

Signature(s):	Print Name(s)	Date:
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