



COMPANY ORDER FORM – Page 1 of 3

THE COMPANY PEOPLE PTY LTD	SUITE 8B, LEVEL 2/221 QUEEN STREET MELBOURNE VICTORIA 3000
<i>Tel: 1800 039 061</i>	<i>Fax: 1800 633 644</i>
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in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent.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) _____

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

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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SURVEY DETAILS

This is my first purchase from ‘The Company People Pty Ltd.’ ? : YES / NO

If ‘YES’:

I found ‘The Company People Pty Ltd.’ Via ?:(please circle one)

<u>Internet Search:</u>	Google	<u>Non Internet Search:</u>	Yellow Pages
	NineMSN		White Pages
	Yahoo		Mailout Letter
	F2		Word of Mouth
	Sensis		Other
	Yellow Pages Online	If ‘Other’ please specify: _____	
	White Pages Online		

CONFIRMATION OF ORDER AND PAYMENT DETAILS

I, (print name)
 confirm that the persons/corporations named above have consented to act in the capacity shown.
 Payment for the company and/or other services will be as indicated below:

- Cheque enclosed \$
- Please debit my account - I understand that my firm/company will be liable to you for payment.
I confirm that I am authorised to place this order on behalf of my firm/company.
- Please charge \$ _____ for this purchase to the following credit card account:
 Bankcard Mastercard Visa

Card Number | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | Expiry Date...../.....

Cardholder name.....

Address.....

Authorised Signatory*.....

* If payment is by credit card - signatory must be the cardholder. If by debit on trading account signatory to be authorised to sign on behalf of firm /company (available to approved clients only).