

To: Shelcom Corporate Services  
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### INSTRUCTIONS REGARDING BUSINESS NAME APPLICATION

From: Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Signature: \_\_\_\_\_ Email: \_\_\_\_\_

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Business Name – 1<sup>st</sup> Pref: \_\_\_\_\_  
Business Name – 2<sup>nd</sup> Pref: \_\_\_\_\_  
Commencement Date: \_\_\_\_\_  
State of Registration: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

#### ADDRESSES (PO Boxes are not acceptable)

Registered Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_

#### PROPRIETOR DETAILS

##### Individuals

Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
DOB: \_\_\_\_\_

Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
DOB: \_\_\_\_\_

##### Company:

Company Name: \_\_\_\_\_  
A.C.N.: \_\_\_\_\_  
Registered Office: \_\_\_\_\_  
Directors: \_\_\_\_\_

**PAYMENT DETAILS:**

**Credit Card:**

Visa

Mastercard

Bankcard

AMEX

Diners

Card Number:

Card Holder: \_\_\_\_\_

Expiry Date   /

Card Holders Signature \_\_\_\_\_

**Direct Debit:**

BSB: 063 303

Account No: 1004 9522

Please quote Invoice No. or company name as reference.