

To: Shelcom Corporate Services  
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### INSTRUCTIONS REGARDING CHANGE OF COMPANY NAME

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

The services provided by, and all orders placed with, Shelcom Corporate Services Australia Pty Ltd ("Shelcom") are subject to Shelcom's Terms and Conditions of Trade which are available on written request or may be viewed at <http://www.shelcom.com.au/trading-terms>. By using Shelcom's services and or by placing an order with Shelcom, you agree to be bound by Shelcom's Terms.

What Accounting package do you use:  CAS  Prime  Solution 6 Other: \_\_\_\_\_

CURRENT COMPANY NAME: \_\_\_\_\_

A.C.N.: \_\_\_\_\_

REGISTERED OFFICE: \_\_\_\_\_  
\_\_\_\_\_

#### NEW COMPANY NAME

1<sup>ST</sup> PREFERENCE: \_\_\_\_\_

2<sup>ND</sup> PREFERENCE: \_\_\_\_\_

Seal:  Not Required  Fold Seal  Hand Seal

#### OFFICEHOLDER / SHAREHOLDER DETAILS: (If shareholder is a company, please provide A.C.N.)

1. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_

Director  Secretary  Shareholder

2.  Surname  Company Name:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
 Given Names  A.C.N.: \_\_\_\_\_

Director  Secretary  Shareholder

3.  Surname  Company Name:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
 Given Names  A.C.N.: \_\_\_\_\_

Director  Secretary  Shareholder

4.  Surname  Company Name:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
 Given Names  A.C.N.: \_\_\_\_\_

Director  Secretary  Shareholder

If you require additional officeholders/shareholders, please use this form again as a second page.

**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.