

To: Shelcom Corporate Services
Tel: (03) 9578 3888 Fax: (03) 9578 3844

✉ PO Box 282, Ormond, Vic 3204
📧 companies@shelcom.com.au

INSTRUCTIONS REGARDING CHANGEOVER TO ONE DIRECTOR COMPANY

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: _____

Company Name: _____
A.C.N.: _____
Incorporation Date: _____
CURRENT Registered Office: _____
Changeover Date: _____

CD containing PDF version of Constitution: Yes No
Binding of Constitutions: Comb Binding Heat Seal

OFFICEHOLDER DETAILS: (Please list all officeholders. Please tick the relevant boxes)

1. Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____
Date of Birth: ____/____/____ Town & Country of Birth: _____
 Director Date Appointed: ____/____/____ Resigning: Yes No
 Secretary Date Appointed: ____/____/____ Resigning: Yes No
 Public Officer Date Appointed: ____/____/____ Resigning: Yes No
Number of shares: _____ Class: _____

2. Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____
Date of Birth: ____/____/____ Town & Country of Birth: _____
 Director Date Appointed: ____/____/____ Resigning: Yes No
 Secretary Date Appointed: ____/____/____ Resigning: Yes No
 Public Officer Date Appointed: ____/____/____ Resigning: Yes No
Number of shares: _____ Class: _____

If you require additional officeholders/shareholders, please use this form again as an additional page.
TRANSFER OF SHARES

Transferor (Seller)

Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N. _____
 Address Registered Office: _____

Transferee (Buyer)

Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N. _____
 Address Registered Office: _____

Transfer Date: ____ / ____ / ____ Number of shares/ Units: _____ Class: _____
Serial Numbers: From: _____ To: _____
Certificate Number: _____ Amount paid (per share): \$ _____

Transferor (Seller)

Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N. _____
 Address Registered Office: _____

Transferee (Buyer)

Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N. _____
 Address Registered Office: _____

Transfer Date: ____ / ____ / ____ Number of shares/ Units: _____ Class: _____
Serial Numbers: From: _____ To: _____
Certificate Number: _____ Amount paid (per share): \$ _____

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.