

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

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

INSTRUCTIONS REGARDING COMPANY ACQUISITION

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: _____

Please choose which type of company you require:

- Pty. Ltd.
 Pty. Ltd. - Super Trustee only
 Pre-incorporated Pty. Ltd.

Company Name – 1st Pref: _____

Company Name – 2nd Pref: _____

Do you require full stops after Pty. Ltd.? Yes No If not completed, our default is with full stops.

State of Incorporation: _____ If not completed, our default is Victoria.

Is the company name being applied for a current registered business in the Director's Names: Yes No

If Yes, Business Registration No: _____

Pre-incorporated change over date: / /

Seal: Not required Fold-A-Seal Hand Seal

Company folder preference: Shelcom Folder Manilla Spring Transfer File

CD containing PDF version of Constitution: Yes No

CD containing a Data Upload? CAS Other _____ Not applicable

Binding of Constitutions: Comb Binding Heat Seal

ADDRESS DETAILS:

(This is a required field. PO Box addresses are not acceptable.)

Registered Office: _____

Occupier of registered office: _____

Business Address: _____

OFFICEHOLDER / SHAREHOLDER DETAILS:

(If shareholder is a company, please provide registered office & A.C.N. PO Box addresses are not acceptable.)

1. Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N.: _____
 Address Registered Office: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Secretary Public Officer
No. of shares: _____ Beneficially held: Yes No
If no, As Trustee For: _____

Please note: Unless otherwise indicated this person will default as the Public Officer.

2. Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N.: _____
 Address Registered Office: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Secretary Public Officer
No. of shares: _____ Beneficially held: Yes No
If no, As Trustee For: _____

3. Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N.: _____
 Address Registered Office: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Secretary Public Officer
No. of shares: _____ Beneficially held: Yes No
If no, As Trustee For: _____

4. Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N.: _____
 Address Registered Office: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Secretary Public Officer
No. of shares: _____ Beneficially held: Yes No
If no, As Trustee For: _____

5. Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N.: _____
 Address Registered Office: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Secretary Public Officer
No. of shares: _____ Beneficially held: Yes No
If no, As Trustee For: _____

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

We hereby request Shelcom Corporate Services to open a free Westpac Business One Account in the name of the above company

Additional Notes:

PAYMENT DETAILS:

Credit Card:

Visa Mastercard AMEX – 3% surcharge applies Diners – 3% surcharge applies

Card Number:

Card Holder: _____

Expiry Date / CCV Number: _____ Card Holders Signature _____

Direct Debit:

PLEASE QUOTE INVOICE NUMBER OR COMPANY NAME AS REFERENCE.

BSB: 063 303
Account No: 1004 9522

Cheque