

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 DEREGISTRATION

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.: _____
Registered Office: _____
Incorporation Date: _____ Application Date: _____

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

- Surname: Mr Mrs Ms Miss _____
Given Names: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Appointed: ____ / ____ / ____ Secretary Appointed: ____ / ____ / ____
No of Shares: _____ Class: _____
Applicant: Yes No
- Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N.: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Appointed: ____ / ____ / ____ Secretary Appointed: ____ / ____ / ____
No of Shares: _____ Class: _____
Applicant: Yes No
- Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N.: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Appointed: ____ / ____ / ____ Secretary Appointed: ____ / ____ / ____
No of Shares: _____ Class: _____
Applicant: Yes No

I declare that:

- (a) All members of the company agree to the deregistration ; and
- (b) The company is not carrying on business; and
- (c) The company's assets are worth less than \$1,000; and
- (d) The company has paid all fees and penalties payable under this law; and
- (e) The company has no outstanding liabilities; and
- (f) The company is not a party to any legal proceedings.

Signature

Position held

Note: Only one Applicant is required to sign.

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.