

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

✉ PO Box 282, Ormond, Vic 3204  
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### INSTRUCTIONS REGARDING CORPORATE WORK

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

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

#### TYPE OF CHANGE (Tick appropriate box/es)

Registered/Business Office  Officeholder/Officeholders Address  Members  Unitholders

#### COMPANY DETAILS

Company Name: \_\_\_\_\_  
Name of Trust (Unitholder changes): \_\_\_\_\_  
A.C.N.: \_\_\_\_\_  
Registration Date: \_\_\_\_\_

#### REGISTERED OFFICE/BUSINESS ADDRESS (PO Boxes are not acceptable)

**CURRENT** Registered Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**NEW** Registered Office \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Occupier of registered office: \_\_\_\_\_  
**CURRENT** Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**NEW** Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### OFFICEHOLDER/OFFICEHOLDER ADDRESS (Include details of continuing officeholders. PO Box addresses are not acceptable.)

1. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
**NEW** Address: \_\_\_\_\_  
Date of Change of Residential Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Town & Country of Birth: \_\_\_\_\_  
 Director Date Appointed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Resigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Secretary Date Appointed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Resigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Public Officer Date Appointed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Resigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
**NEW** Address: \_\_\_\_\_  
Date of Change of Residential Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Town & Country of Birth: \_\_\_\_\_  
 Director Date Appointed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Resigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Secretary Date Appointed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Resigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Public Officer Date Appointed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Resigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
**NEW** Address: \_\_\_\_\_  
Date of Change of Residential Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Town & Country of Birth: \_\_\_\_\_  
 Director Date Appointed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Resigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Secretary Date Appointed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Resigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Public Officer Date Appointed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Resigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you require additional officeholders, please use this page again as an additional page.

**MEMBERS/UNITHOLDERS**

(If Member/Unitholder is a company, registered office and A.C.N. is required. PO Box Addresses are not acceptable.)

1. **Transaction Type: (please tick)**  
Current Member/Unitholder  Yes  No  Transfer  Allotment

**Allotee / Transferor (Seller)**

Surname  Company Name:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
 Given Names  A.C.N. \_\_\_\_\_  
 Address  Registered Office: \_\_\_\_\_  
Transaction Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Number of shares/ Units: \_\_\_\_\_ Class: \_\_\_\_\_  
Serial Numbers: From: \_\_\_\_\_ To: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_ Amount paid (per share): \$ \_\_\_\_\_

**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): \$ \_\_\_\_\_  
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2. **Transaction Type: (please tick)**

Current Member/Unitholder  Yes  No  Transfer  Allotment

**Allotee / Transferor (Seller)**

Surname  Company Name:  Mr  Mrs  Ms  Miss \_\_\_\_\_

Given Names  A.C.N. \_\_\_\_\_

Address  Registered Office: \_\_\_\_\_

Transaction Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Number of shares/ Units: \_\_\_\_\_ Class: \_\_\_\_\_

Serial Numbers: From: \_\_\_\_\_ To: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Amount paid (per share): \$ \_\_\_\_\_

**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): \$ \_\_\_\_\_

3. **Transaction Type: (please tick)**

Current Member/Unitholder  Yes  No  Transfer  Allotment

**Allotee / Transferor (Seller)**

Surname  Company Name:  Mr  Mrs  Ms  Miss \_\_\_\_\_

Given Names  A.C.N. \_\_\_\_\_

Address  Registered Office: \_\_\_\_\_

Transaction Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Number of shares/ Units: \_\_\_\_\_ Class: \_\_\_\_\_

Serial Numbers: From: \_\_\_\_\_ To: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Amount paid (per share): \$ \_\_\_\_\_

**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): \$ \_\_\_\_\_

**If you require additional shareholders, please use this page again as an additional 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.