

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

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

INSTRUCTIONS REGARDING PUBLIC COMPANY ACQUISITION – LIMITED BY GUARANTEE

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 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 – 1st Pref: _____

Company Name – 2nd Pref: _____

Do you require full stops after 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: _____

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

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: _____

GUARANTEE DETAILS

Guaranteed Amount: \$ _____ per member

(Total amount of the guarantee that each member agrees to in writing

Objects of the Company: _____

**OFFICEHOLDER / MEMBER DETAILS:
(PO Box addresses are not acceptable.)**

A Public Company must have at least three directors and at least one secretary. At least two of the directors and one secretary must ordinarily reside in Australia.

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

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

3. Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Secretary Public Officer Member: Yes No

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 Member: Yes No

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 Member: Yes No

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 Member: Yes No

If you require additional officeholders/members, please use this page of the form again as additional pages.

We hereby request Shelcom Corporate Services to open a free Macquarie Cash Management Account in the name of the above company

- 3 -

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.