

To: Shelcom Corporate Services
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INSTRUCTIONS REGARDING ADOPTION OF NEW CONSTITUTION

From: Name: _____
Company: _____
Address: _____
Phone No: _____ Fax No: _____
Signature: _____ Email: _____

By signing this order form, I accept, on behalf of my firm, full liability for the payment of the invoice relating to this order. Shelcom Corporate Services Australia Pty. Ltd. will not accept transfer of this liability to a third party.

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

Company Name: _____
A.C.N.: _____
Date required for new constitution: _____
Registered Office: (PO Box not acceptable) _____

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

**OFFICEHOLDER / SHAREHOLDER DETAILS:
(Complete if consenting minutes are required.)
(If a company is a shareholder, please provide the name of one director to act as a representative at shareholder meetings.)**

1. Surname: Mr Mrs Ms Miss _____
Given Names: _____
 Director Secretary Shareholder
2. Surname Company Name Mr Mrs Ms Miss _____
 Given Names A.C.N _____
 Director Secretary Shareholder
3. Surname Company Name Mr Mrs Ms Miss _____
 Given Names A.C.N _____
 Director Secretary Shareholder
4. Surname Company Name Mr Mrs Ms Miss _____
 Given Names A.C.N _____
 Director Secretary Shareholder

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.