

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

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📧 companies@shelcom.com.au

INSTRUCTIONS REGARDING CHANGE OF COMPANY NAME

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: _____

CURRENT COMPANY NAME: _____

A.C.N.: _____

REGISTERED OFFICE: _____

NEW COMPANY NAME

1ST PREFERENCE: _____

2ND PREFERENCE: _____

Seal: Not Required Fold Seal Hand Seal

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

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

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