

To: Shelcom Corporate Services
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INSTRUCTIONS REGARDING CHANGEOVER TO ONE DIRECTOR COMPANY

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.: _____
Incorporation Date: _____
CURRENT Registered Office: _____
Changeover Date: _____

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

OFFICEHOLDER DETAILS: (Please list all officeholders. Please tick the relevant boxes)

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

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

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

TRANSFER OF SHARES

Transferor (Seller)

Surname Company Name: Mr Mrs Ms Miss _____

Given Names A.C.N. _____

Address Registered Office: _____

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): \$ _____

Transferor (Seller)

Surname Company Name: Mr Mrs Ms Miss _____

Given Names A.C.N. _____

Address Registered Office: _____

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): \$ _____

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.