

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

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

INSTRUCTIONS REGARDING COMPANY ACQUISITION

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: _____

Please choose which type of company you require:

- Pty. Ltd.
 Pty. Ltd. - Super Trustee only
 Pre-incorporated Pty. Ltd.

Company Name – 1st Pref: _____

Company Name – 2nd Pref: _____

Do you require full stops after Pty. 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: _____

Pre-incorporated change over date: / /

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

CD containing a Data Upload? CAS Other _____ Not applicable

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: _____

OFFICEHOLDER / SHAREHOLDER DETAILS:

(If shareholder is a company, please provide registered office & A.C.N. PO Box addresses are not acceptable.)

1. 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
No. of shares: _____ Beneficially held: Yes No
If no, As Trustee For: _____

Please note: Unless otherwise indicated this person will default as the Public Officer.

2. 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
No. of shares: _____ Beneficially held: Yes No
If no, As Trustee For: _____

3. 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
No. of shares: _____ Beneficially held: Yes No
If no, As Trustee For: _____

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
No. of shares: _____ Beneficially held: Yes No
If no, As Trustee For: _____

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
No. of shares: _____ Beneficially held: Yes No
If no, As Trustee For: _____

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

