

To: Shelcom Corporate Services
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INSTRUCTIONS REGARDING COMPANY DEREGISTRATION

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.: _____
Registered Office: _____
Incorporation Date: _____ Application Date: _____

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

1. Surname: Mr Mrs Ms Miss _____
Given Names: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Appointed: ____ / ____ / ____ Secretary Appointed: ____ / ____ / ____
No of Shares: _____ Class: _____
Applicant: Yes No
2. Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N.: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Appointed: ____ / ____ / ____ Secretary Appointed: ____ / ____ / ____
No of Shares: _____ Class: _____
Applicant: Yes No
3. Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N.: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Appointed: ____ / ____ / ____ Secretary Appointed: ____ / ____ / ____
No of Shares: _____ Class: _____
Applicant: Yes No

I declare that:

- (a) All members of the company agree to the deregistration ; and
- (b) The company is not carrying on business; and
- (c) The company's assets are worth less than \$1,000; and
- (d) The company has paid all fees and penalties payable under this law; and
- (e) The company has no outstanding liabilities; and
- (f) The company is not a party to any legal proceedings.

Signature

Position held

Note: Only one Applicant is required to sign.

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.