

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

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

INSTRUCTIONS REGARDING CORPORATE WORK

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: _____

TYPE OF CHANGE (Tick appropriate box/es)

Registered/Business Office Officeholder/Officeholders Address Members Unitholders

COMPANY DETAILS

Company Name: _____
Name of Trust (Unitholder changes): _____
A.C.N.: _____
Registration Date: _____

REGISTERED OFFICE/BUSINESS ADDRESS (PO Boxes are not acceptable)

CURRENT Registered Office: _____

NEW Registered Office _____

Occupier of registered office: _____
CURRENT Business Address: _____

NEW Business Address: _____

OFFICEHOLDER/OFFICEHOLDER ADDRESS (Include details of continuing officeholders. PO Box addresses are not acceptable.)

1. Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____
NEW Address: _____
Date of Change of Residential Address: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Date Appointed: ____ / ____ / ____ Date Resigned: ____ / ____ / ____
 Secretary Date Appointed: ____ / ____ / ____ Date Resigned: ____ / ____ / ____
 Public Officer Date Appointed: ____ / ____ / ____ Date Resigned: ____ / ____ / ____

2. Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____
NEW Address: _____
Date of Change of Residential Address: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Date Appointed: ____ / ____ / ____ Date Resigned: ____ / ____ / ____
 Secretary Date Appointed: ____ / ____ / ____ Date Resigned: ____ / ____ / ____
 Public Officer Date Appointed: ____ / ____ / ____ Date Resigned: ____ / ____ / ____

3. Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____
NEW Address: _____
Date of Change of Residential Address: _____
Date of Birth: ____ / ____ / ____ Town & Country of Birth: _____
 Director Date Appointed: ____ / ____ / ____ Date Resigned: ____ / ____ / ____
 Secretary Date Appointed: ____ / ____ / ____ Date Resigned: ____ / ____ / ____
 Public Officer Date Appointed: ____ / ____ / ____ Date Resigned: ____ / ____ / ____

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

MEMBERS/UNITHOLDERS
(If Member/Unitholder is a company, registered office and A.C.N. is required. PO Box Addresses are not acceptable.)

1. **Transaction Type: (please tick)**
Current Member/Unitholder Yes No Transfer Allotment

Allotee / Transferor (Seller)

Surname Company Name: Mr Mrs Ms Miss _____
 Given Names A.C.N. _____
 Address Registered Office: _____
Transaction Date: ____ / ____ / ____ Number of shares/ Units: _____ Class: _____
Serial Numbers: From: _____ To: _____
Certificate Number: _____ Amount paid (per share): \$ _____

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): \$ _____

2. **Transaction Type: (please tick)**

Current Member/Unitholder

Yes No

Transfer

Allotment

Allotee / Transferor (Seller)

Surname Company Name: Mr Mrs Ms Miss _____

Given Names A.C.N. _____

Address Registered Office: _____

Transaction Date: ____ / ____ / ____ Number of shares/ Units: _____ Class: _____

Serial Numbers: From: _____ To: _____

Certificate Number: _____ Amount paid (per share): \$ _____

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): \$ _____

3. **Transaction Type: (please tick)**

Current Member/Unitholder

Yes No

Transfer

Allotment

Allotee / Transferor (Seller)

Surname Company Name: Mr Mrs Ms Miss _____

Given Names A.C.N. _____

Address Registered Office: _____

Transaction Date: ____ / ____ / ____ Number of shares/ Units: _____ Class: _____

Serial Numbers: From: _____ To: _____

Certificate Number: _____ Amount paid (per share): \$ _____

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): \$ _____

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