

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

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

**INSTRUCTIONS REGARDING PUBLIC COMPANY ACQUISITION – LIMITED BY GUARANTEE**

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 – 1<sup>st</sup> Pref: \_\_\_\_\_

Company Name – 2<sup>nd</sup> Pref: \_\_\_\_\_

Do you require full stops after 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: \_\_\_\_\_

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

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: \_\_\_\_\_  
\_\_\_\_\_

**GUARANTEE DETAILS**

Guaranteed Amount: \$ \_\_\_\_\_ per member

(Total amount of the guarantee that each member agrees to in writing)

Objects of the Company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICEHOLDER / MEMBER DETAILS:**  
(PO Box addresses are not acceptable.)

***A Public Company must have at least three directors and at least one secretary. At least two of the directors and one secretary must ordinarily reside in Australia.***

1. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Town & Country of Birth: \_\_\_\_\_  
 Director  Secretary  Public Officer Member:  Yes  No

2. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Town & Country of Birth: \_\_\_\_\_  
 Director  Secretary  Public Officer Member:  Yes  No

3. Surname:  Mr  Mrs  Ms  Miss \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Town & Country of Birth: \_\_\_\_\_  
 Director  Secretary  Public Officer Member:  Yes  No

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 Member:  Yes  No

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 Member:  Yes  No

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 Member:  Yes  No

**If you require additional officeholders/members, please use this page of the form again as additional pages.**

We hereby request Shelcom Corporate Services to open a free Macquarie Cash Management Account in the name of the above company

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**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.