

Allan's

Phone: 1800 817 782

Fax: (02) 9997 1844

Company Order Form

Date: __/__/__

Page 2 of ____

Name: _____ Phone: _____

ORDER FORM CONTINUED: Company Name _____

COMPANY OFFICERS & SHAREHOLDERS - CONTINUED

3/

Surname _____ Given Names _____

ADDRESS: _____

Date of birth: _____ TOWN OF BIRTH: _____ STATE/COUNTRY: _____

DIRECTOR SECRETARY CHAIRMAN PUBLIC OFFICER

Number of shares: _____ Class Ord or _____

If shares are held on behalf of a Trust, Super Fund, Company or another person please provide the full name on the following line

4/

Surname _____ Given Names _____

ADDRESS: _____

Date of birth: _____ TOWN OF BIRTH: _____ STATE/COUNTRY: _____

DIRECTOR SECRETARY CHAIRMAN PUBLIC OFFICER

Number of shares: _____ Class Ord or _____

If shares are held on behalf of a Trust, Super Fund, Company or another person please provide the full name on the following line

5/

Surname _____ Given Names _____

ADDRESS: _____

Date of birth: _____ TOWN OF BIRTH: _____ STATE/COUNTRY: _____

DIRECTOR SECRETARY CHAIRMAN PUBLIC OFFICER

Number of shares: _____ Class Ord or _____

If shares are held on behalf of a Trust, Super Fund, Company or another person please provide the full name on the following line

Declaration: (Must be signed for order to be processed)

I _____ declare that I hold the necessary consents of all the parties listed on this order form.

Signed _____ Date: __/__/__

Payment must be made before processing order (If ordering common seal please add to total)

Pre Paid Payment Details: Bank Deposit of \$629.00 (Email Version) or \$736.00 (Company Register) to:

Allan's Off The Shelf Bank: ANZ BSB No: 012 349 Account No: 221 604 238

Or Please debit the following card by the amount of \$641__ \$750__ (2.2% surcharge for credit card)

TYPE OF CARD: Visa Mastercard Bankcard

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____ Note:

30 Day Account to be approved clients only will be invoiced accordingly