

Company Order Form	Date: ____/____/____	Page 1 of ____	Email: _____
Name: _____		Phone: _____	Fax: _____
Address: _____			
Delivery Add: _____			

Proposed Company Details

A company must first receive written Consent from a person before appointing them as a Director and/or Secretary as per the Corporations Act 2001. Noncompliance carries a maximum penalty of a gaol term. A Consent to Act form is supplied in our register under tabbed section Register of directors. Allans Off The Shelf and the directors of the company supplied will not be held responsible for obtaining the above.

Indicate Your Preference: Company Register Pre Paid \$747 _____ **Approved Account \$768** _____
Email Version Pre Paid \$640 _____ **Approved Account \$655** _____
 COMMON SEAL (OPTIONAL) YES ___ NO ___ (\$39.00 pre paid \$44 Account each inc GST)
 Preferred Company Name (Please print neatly in BLOCK CAPITAL LETTERS, one character per box including punctuation)

Is this a registered business name: Yes___ No___ Business Reg. No or ABN: _____
 Is this a Superannuation Trustee Company: Yes ___ No___ State of Incorp (if requested): _____

Registered Office Address: _____

Occupier of Registered Office: _____

Principal Place of Business: _____

COMPANY OFFICERS & SHAREHOLDERS (If shareholder a company please provide ACN or Country of Registration)

1/
 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

2/
 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

Allan's

Phone: 1800 817 782

Fax: (02) 9997 1844

Company Order Form

Date: __/__/__

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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 _____

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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 \$640.00 (Email Version) or \$747.00 (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 \$652__ \$761__ (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