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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: ____ 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: SECRETARY CHAIRMAN PUBLIC OFFICER DIRECTOR | | Class Ord or ____ Number of shares: If shares are held on behalf of a Trust, Super Fund, Company or another person please provide the full name on the following line Surname _____ Given Names _____ ADDRESS: Date of birth: _____ TOWN OF BIRTH: _____ STATE/COUNTRY: ____ SECRETARY CHAIRMAN PUBLIC OFFICER DIRECTOR L 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, please ensure all directors have a director ID with ABRS) 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 \$696 (Email Version) or \$803 (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 \$711__ \$820__ (inc 2.2% surcharge for credit card) Mastercard TYPE OF CARD: Visa Bankcard

SIGNATURE: _____Note: IAME ON CARD:

CARD NUMBER: _____ EXPIRY DATE: (/)

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