

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

Preferred Company Name print neatly in BLOCK CAPITAL LETTERS, one character per box including punctuation

[illegible]

Principal Place of Business:

Allan's

Phone: 1800 817 782

ORDER FORM CONTINUED:

Company Order Form

Date: __/__/__

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Name: _____ phone: _____

3/ DIRECTOR I.D. NUMBER (WWW.ABRS.GOV.AU TO OBTAIN): _____

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 ;

4/ DIRECTOR I.D. NUMBER (WWW.ABRS.GOV.AU TO OBTAIN): _____

Surname _____ Given Names _____

ADDRESS: _____

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

DIRECTOR ☐ SECRETARY ☐ CHAIRMAN ☐

Number of shares: _____ Class Ord or _____

If shares are held on behalf of a Trust, Super Fund, Company or another person :

5/ DIRECTOR I.D. NUMBER (WWW.ABRS.GOV.AU TO OBTAIN): _____

Surname _____ Given Names _____

ADDRESS: _____

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

DIRECTOR ☐ SECRETARY ☐ CHAIRMAN ☐

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 \$799 (Email Version) _____ or \$906 (Company Register) _____ to:
Allan's Off The Shelf Bank: ANZ BSB No: 012 349 Account No: 221 604 238 USE COMPANY NAME AS REF**Or Please debit the following card by the amount of \$813 __ \$921 __** (inc 1.43% surcharge for credit card)

TYPE OF CARD: Visa Mastercard Bankcard

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____

Account to be approved clients only will be invoiced accordingly