## Allan's The Incorporation Professionals Phone: 1800 817 782

Company (	Order Fo	orm	Date:	/	/		Р	age 1	lof	Email:									
Name:																			
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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:																			
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1/ DIRECTOR I.D. NUMBER ( <u>WWW.ABRS.GOV.AU</u> TO OBTAIN): SurnameGiven Names ADDRESS:																			
						TOWN OF BIRTH: STATE/COUNTRY: _											Y:		
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## Please return this application to ENQUIRIES@ALSHELF.COM.AU

Allan's	Company Order Form   Date: _/_/_   Page 2 of
Phone: 1800 817 782 ORDER FORM CONTINUED:	Name:phone:
3/ DIRECTOR I.D. NUMBER (WWW.ABRS.G	DV.AU TO OBTAIN):
Surname	Given Names
ADDRESS:	
	TOWN OF BIRTH:STATE/COUNTRY:
Number of shares:	Class Ord or
If shares are held on behalf of a Trust, Supe	r Fund, Company or another person ;
	<u></u>
ADDRESS:	
	OWN OF BIRTH: STATE/COUNTRY:
	Class Ord or
If shares are held on behalf of a Trust, Super Fun	
	GOV.AU TO OBTAIN):
Surname	Given Names
Date of birth:	TOWN OF BIRTH: STATE/COUNTRY:
	CHAIRMAN
Number of shares:	Class Ord or
	d, Company or another person please provide the full name on the following line
<b>Declaration:</b> (Must be signed for order to b	e processed, please ensure all directors have a director ID with ABRS)
	declare that I hold the necessary consents of all the parties listed on this order form
Signed	
Pre Paid Payment Details: Bank Deposit	ng order (If ordering common seal please add to total) <b>\$</b> of \$799 (Email Version) or \$906 (Company Register) to: i12 349 Account No: 221 604 238 USE COMPANY NAME AS REF
	e amount of \$813 \$921 (inc 1.43% surcharge for credit card)
TYPE OF CARD: Visa Mastercard Bar	kcard
CARD NUMBER:	EXPIRY DATE: ( / )
NAME ON CARD:	SIGNATURE:
Account to be approved clients only	/ will be invoiced accordingly