



ORDER FORM – NEW COMPANY REGISTRATION

YOUR FIRM					
YOUR NAME					
DELIVERY ADDRESS					
DATE		PHONE NO.		FAX NO.	

I hereby agree to registration of the company & state that each of the proposed officers/members below have consented to act as such in writing:

YOUR NAME	YOUR SIGNATURE
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NEW COMPANY NAME (1 st Preference)			
NEW COMPANY NAME (2 nd Preference)			
IDENTICAL BUSINESS NAME OWNERSHIP? Yes/No			
REGISTERED OFFICE			
NAME OF OCCUPIER (If Company Not Occupier)			
BUSINESS ADDRESS			
SMSF TRUSTEE? Yes/No	COMMON SEAL? Yes/No (\$33 Extra)	ADDITIONAL COPY OF CONSTITUTION? Yes/No (3 Provided - \$11 for Extra Copies)	

DIRECTORS – SECRETARIES - PUBLIC OFFICER - MEMBERS

Full Name			
Address			
Date of Birth			Place of Birth
Director? Yes/No	Secretary? Yes/No	Public Officer? Yes/No	
Member? Yes/No	If Member, No. of Shares Required		

Full Name			
Address			
Date of Birth			Place of Birth
Director? Yes/No	Secretary? Yes/No	Public Officer? Yes/No	
Member? Yes/No	If Member, Number of Shares Required		

If you prefer to use your credit card, please fill in below. Please fax or mail this order form to us. Amount \$.....

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- Visa Cardholder's Name (Please Print)
- Cardholder's Signature