

ACN DIRECT PTY LTD

Phone 1800 786 396 Fax 1800 786 334

www.acndirect.com.au

COMPANY ORDER FORM



WHEN COMPLETING THIS FORM, PLEASE USE BLOCK LETTERS, TYPEWRITTEN OR DARK PEN ONLY TO ENSURE ACCURACY OF INFORMATION PROVIDED.

Date: Client Ref (if any):

FROM Instructing Person:

Instructing Firm/Company:

Address:

Telephone: Facsimile:

I confirm my order for a Company as specified below, and that the Shareholders and Officers named have applied for shares and consented to so act, respectively, in writing. I also acknowledge that I am primarily responsible for settlement of your quoted charges.

Please complete the following detail if different from above or use for comments ie "phone/fax A.C.N. to xxxxx on registration"

Invoice Details:

Invoice Address:

Delivery Address:

PAYMENT DETAILS (tick one)

- Cash Cheque Bank Transfer (Contact ACN Direct for account details)
- Mastercard Bankcard Visa

Amount \$ Credit Card No: Expiry: /

Cardholder's Name (PRINT) Cardholder's Signature

NAME OF COMPANY Please include ALL punctuation as name will be registered exactly as follows:

First Choice:

Second Choice:

Is the requested company already registered as a Business Name? Yes No

If yes, Registration No(s): and State(s) registered:

TYPE OF COMPANY (tick one)

- Standard Pty Ltd Public Super Trustee NL Medical

Is a Common Seal required? Yes No (Note: Constitution allows for signing either under 'hand' or under 'Seal'.)

REGISTERED OFFICE

Occupier's Name (company, agent or individual):

Address (must be street address, not PO Box):

Principal Place of Business:

Postal Address For Service Of Notices (reg office, PO Box or tax agent):

c/-:

Contact Person Name:

Telephone: Facsimile:

ATO (ANZSIC) Code: Tax Agent's Registration No:

COMPANY ORDER FORM

SHAREHOLDER DIRECTOR SECRETARY PUBLIC OFFICER

Given Names (if corporation, name):

Family Name (if corporation ACN):

Residential Address:

Postcode:

Authorised Share Classes:	ORDINARY	A	B	C	D	E	F	RED PREF
Indicate No of Shares to be Issued:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IF A DIRECTOR OR SECRETARY:

Date of Birth: Place of Birth (town and state/country):

Occupation:

Directorships in any Public Companies? Yes No (if yes, attach annexure with company name(s) and ACN)

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