



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: e-mail:

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:

I confirm my intention for deregistration, as specified below, and that the members of the company have consented to the dissolution. I attach herewith payment of \$143

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

COMPANY NAME

ACN

Applicant Details:

(may be made by the company; a director or member of the company; or a liquidator of the company)

Company Name (must provide ACN):

OR

Name (surname & given names of applicant):

Street Address (residential or registered office):

Resolution Particulars:

Date of Meeting (resolving to deregister):

Place of Meeting (street address):

Names of Members present:

Indicate Chairperson

Names of Directors present:

Indicate Chairperson

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Pursuant to Section 601AA(2), the Commission may deregister a defunct company as long as the following conditions are met:

- All members agree to the deregistration;
- The company is not carrying on business;
- The company's assets are worth less than \$1,000;
- The company has paid all fees and penalties payable under the Law; and
- The company is not party to any legal proceedings