

CHANGE OF OFFICEHOLDER ORDER FORM



Company Name _____

ACN _____

Corporate Key _____

Name of Director or Secretary who will sign the ASIC form _____

Effective Date of Change _____

Resigning Officeholder

Is an officeholder of the company resigning? Yes No

Name _____ Date of Birth _____

Phone _____ Position _____

Address _____ Email _____

Suburb _____ State _____ Postcode _____

Appoint an Officeholder

Is an officeholder being appointed? Yes No

Name _____ Date of Birth _____

Phone _____ Place of Birth _____

Address _____ Email _____

Suburb _____ State _____ Postcode _____

Position: _____

Does the same change(s) apply to another company(ies)?

Yes No

Company Name and ACN _____

Company Name and ACN _____

Do you consent to Qorporate Services being Appointed as ASIC Agent for the company(ies)? _____

Declaration:

I declare that the information provided in this form is true and correct. I declare that I am authorised to provide you instructions on behalf of the company(ies) to complete this transaction.

Name _____

Phone _____ Email _____

Address _____

Signature: _____

By completing this form, you acknowledge that Qorporate Services will act as the lodging agent for all forms to be lodged with ASIC relating to this order.

EMAIL THIS FORM TO: enquiries@qorporateservices.com

Disclaimer - Qorporate Services does not provide accounting, financial, legal or stamp duty advice. We do not take responsibility for your legal, taxation or other liabilities which may arise from the work we complete from your instructions. We advise you to obtain legal and accounting advice in relation to this transaction before submitting this form.

