

ADDRESS CHANGE ORDER FORM



Company Name _____

ACN _____

Corporate Key _____

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

New Address _____

Effective Date of Change _____

Indicate which address(es) are being updated:

Company's Registered Office Address

Company's Principal Place of Business Address

Director's Residential Address

Secretary's Residential Address

Shareholder's/Member's Address

Public Officer's Address

Name of the individual(s) the change applies to (if applicable):

Does the same change of address apply to another company? 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 _____

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.

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.

