



**BUSINESS NAME ORDER FORM**

*Please tick a box*

\$99 incl GST for 12 months

\$165 incl GST for 3 years

Preferred Name \_\_\_\_\_

Principal Place of Business \_\_\_\_\_

Address for service of documents (if not using Qorporate Services address) \_\_\_\_\_

**Business Name Holder/ Proprietor**

An individual, company, trust, or partnership can register a business name.

**Proprietor - Individual**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

ABN \_\_\_\_\_

**Proprietor - Company**

Name \_\_\_\_\_

ACN \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

ABN \_\_\_\_\_

**Proprietor – Trust**

Name of Trust \_\_\_\_\_

ABN of the Trust \_\_\_\_\_

Trustee (If Individual):

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Place of Birth \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Place of Birth \_\_\_\_\_

\_\_\_\_\_

Trustee (If Company):

Company Name and ACN \_\_\_\_\_

Address \_\_\_\_\_

Director details \_\_\_\_\_

**Proprietors – Partnership**

Name Partnership \_\_\_\_\_

ABN of Partnership \_\_\_\_\_

**Details of each member of the Partnership**

If Individual(s):

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

If Company(ies):

Company Name and ACN \_\_\_\_\_

Address \_\_\_\_\_

Director details \_\_\_\_\_

Company Name and ACN \_\_\_\_\_

Address \_\_\_\_\_

Director details \_\_\_\_\_

Do you consent to Qorporate Services being appointed as ASIC Agent for the business name registration? \_\_\_\_\_

Do you consent to Qorporate Services being appointed as ASIC Agent for ongoing management of the ASIC compliance and renewal services? \_\_\_\_\_

**Declaration:**

I declare that the information provided in this form is true and correct. I declare that I am authorised to provide you instructions 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 your affairs and this transaction.