

**SHARE TRANSFER ORDER FORM**



Company Name \_\_\_\_\_

ACN \_\_\_\_\_

Corporate Key \_\_\_\_\_

Name of Director or Secretary who will sign the ASIC form \_\_\_\_\_

Name of Chairperson for the Meeting of directors \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

Do you consent to Qorporate Services being Appointed as ASIC Agent for the company? \_\_\_\_\_  
(only applicable if we are not already the Agent)

**Details of who the shares will be transferred from:**

Are the shares beneficially held?  Yes  No

If no, who is the beneficial owner? \_\_\_\_\_

Please provide the name/s of signing officers \_\_\_\_\_  
\_\_\_\_\_

**Individual**

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

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

Address \_\_\_\_\_ Email \_\_\_\_\_

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

**Company**

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Name \_\_\_\_\_

ACN \_\_\_\_\_

Address \_\_\_\_\_

Name(s) of signing officer(s) \_\_\_\_\_  
\_\_\_\_\_

**Trust**

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**The trustee will hold the shares on behalf of the Trust. The trust will be the beneficial owner of the shares**

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

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

Trustee -If Individual:

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Trustee -If Company:

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

Address \_\_\_\_\_

Director \_\_\_\_\_

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

Address \_\_\_\_\_

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

**Partnership**

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

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

**Details of each member of the Partnership**

If Individual:

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

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

Address \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

Address \_\_\_\_\_ Email \_\_\_\_\_

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

If Company:

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

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

**Details of who the shares will be transferred to:**

Class of Shares \_\_\_\_\_ No. of Shares \_\_\_\_\_ Value per Share \_\_\_\_\_

Are the shares fully paid?  Yes  No  
If no, please state the amount paid per share? \_\_\_\_\_

Are the shares beneficially held?  Yes  No

If no, who is the beneficial owner? \_\_\_\_\_

Please provide the name/s of signing officers \_\_\_\_\_

\_\_\_\_\_

**Individual**

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

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

Address \_\_\_\_\_ Email \_\_\_\_\_

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

Company

Name \_\_\_\_\_

ACN \_\_\_\_\_

Address \_\_\_\_\_

Name(s) of signing officer(s) \_\_\_\_\_

\_\_\_\_\_

**Trust**

**The trustee will hold the shares on behalf of the Trust. The trust will be the beneficial owner of the shares**

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

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

Trustee -If Individual:

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Trustee -If Company:

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

Address \_\_\_\_\_

Director \_\_\_\_\_

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

Address \_\_\_\_\_

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

**Partnership**

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

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

**Details of each member of the Partnership**

If Individual:

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

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

Address \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

Address \_\_\_\_\_ Email \_\_\_\_\_

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

If Company:

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

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

**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 \_\_\_\_\_

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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.**

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