Company Registration Order Form



Company Structure (Pty Ltd or Special purpose company) Please choose an option: ☐ PTY LTD ☐ PTY.LTD ☐ PTY LIMITED ☐ PTY. LIMITED □ PROPRIETARY LTD □ PROPRIETARY LIMITED **Special Purpose Companies** ☐ Superannuation trustee State of Incorporation □ NSW □ SA ☐ TAS □ VIC □QLD \square WA \square ACT \square NT Intended business activities for the new company? Will the new company be a trustee of a trust? **COMPANY DETAILS** Preferred Company Name Has the company name already been reserved? ☐ Yes ☐ No If yes, please provide the reservation number Registered Office Address (If not using QS address) ☐ Yes Will the company occupy these premises? □ No if no, who is the occupier: Principal Place of Business

OFFICE HOLDERS AND MEMBERS

Name				Date of Birth _	
ACN				Place of Birth _	
Address .					
Suburb		State		Postcode	
Please tick the positions ap	plicable: Director	☐ Secretary	☐ Chairman	☐ Public Officer	□ Member
If you ticked member, please of	complete the following:				
Class of Shares	No. of Sha	nres	Valu	ue per Share	
Shares beneficially held	☐ Yes ☐ No				
If no, please provide beneficial	l owner details:				
Shares fully paid	□ Yes □ No				
If no, please state the amount	paid per share:				
Name				Date of Birth _	
ACN				Place of Birth _	
Address .				_	
Suburb		State		Postcode	
Please tick positions applica	able: Director	☐ Secretary	☐ Chairman	☐ Public Officer	☐ Member
If you ticked member, please of	complete the following:				
Class of Shares	No. of Sha	nres	Valu	ue per Share	
Shares beneficially held	□ Yes □ No				
If no, please provide beneficial	l owner details:				
Shares fully paid	□ Yes □ No				
If no, please state the amount	paid per share:				
If the member is a company, p	lease provide the name(s	s) of the signing offi	cer(s)		

Name				Date of Birth _	
ACN				Place of Birth _	
Address					
Suburb	-	State		Postcode	
Please tick positions applicable:	☐ Director	☐ Secretary	□ Chairman	☐ Public Officer	□ Member
If you ticked member, please comple	ete the following:				
Class of Shares.	No. of Sh	nares	Va	llue per Share	
Shares beneficially held	□ Yes □ No				
If no, please provide beneficial owner	r details:				
Shares fully paid	□ Yes □ No				
If no, please state the amount paid p	er share:				
Name					
ACN				Place of Birth _	
Address					
Suburb	-	State		Postcode	
Please tick positions applicable:	☐ Director	☐ Secretary	☐ Chairman	☐ Public Officer	☐ Member
If you ticked member, please comple	ete the following:				
Class of Shares	No. of Sh	nares	Va	lue per Share	
Shares beneficially held	□ Yes □ No				
If no, please provide beneficial owner	r details:				
Shares fully paid	□ Yes □ No				
If no, please state the amount paid p	er share:				
If the member is a company, please	provide the name	(s) of the signing o	fficer(s —		

Does the company require an Auditor?	□ Yes □ No		
Auditor Name			
Auditor Address			
Tax Registrations? (\$110 incl GST)			
Please circle the tax registrations required:	ABN TFN	GST	PAYG
Hard copy in a deluxe folder posted to you?	' (\$150 per copy)	□ Yes □	l No
If yes, how many copies?			
Declaration:			
I declare that the information provided in this fortransaction.	orm is true and correct.	I declare that	I am authorised to provide you instructions to complete this
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.

EMAIL THIS FORM TO:enquiries@qorporateservices.com

If this company is to be a trustee of a new trust, please complete a trust form.

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 first obtain legal and accounting advice in relation to your affairs and this transaction.