

ORDER FORM - CHANGE OF COMPANY NAME

APPLICANT DETAILS - NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

PARTY RESPONSIBLE FOR PAYMENT - NAME _____

ADDRESS _____

COMPANY DETAILS

NAME OF COMPANY _____

A.C.N. NUMBER _____

REGISTERED OFFICE ADDRESS _____

PROPOSED NEW NAME _____

Is this name a registered Business Name? Yes No

Provide ABN or BN of registered business name _____

LIST ALL CURRENT OFFICEHOLDERS AND MEMBERS IN THE COMPANY

POSITION HELD DIRECTOR SECRETARY MEMBER

FULL NAME _____

ADDRESS _____

POSITION HELD DIRECTOR SECRETARY MEMBER

FULL NAME _____

ADDRESS _____

POSITION HELD DIRECTOR SECRETARY MEMBER

FULL NAME _____

ADDRESS _____

POSITION HELD DIRECTOR SECRETARY MEMBER

FULL NAME _____

ADDRESS _____

PAYMENT DETAILS VISA MASTERCARD

Credit Card Number _____ Expiry Date _____

Name of Cardholder _____ Signature _____

Or Direct Deposit Shelfcom BSB: 105-900 Account No: 978220340

Amount Due: \$550.00