

## COMPANY DEREGISTRATION FORM

**APPLICANT DETAILS - NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PARTY RESPONSIBLE FOR PAYMENT - NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

### DETAILS OF COMPANY TO BE DEREGISTERED

NAME OF COMPANY \_\_\_\_\_

A.C.N. NUMBER \_\_\_\_\_ **DATE OF DEREGISTRATION** \_\_\_\_\_

REGISTERED OFFICE ADDRESS \_\_\_\_\_

### 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 \_\_\_\_\_

### DECLARATION

The following statements listed below are correct

- All members of the company agree to deregister
- The company is not carrying on business
- The company's assets are worth less than \$1000
- The company has no outstanding liabilities
- The company is not a party to any legal proceedings
- The company has paid all fees and penalties payable under the Corporations Act 2001.

<b>PAYMENT DETAILS</b>	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Credit Card Number _____	Expiry Date _____	
Name of Cardholder _____	Signature _____	
<b>Or Direct Deposit</b>	Shelfcom	BSB: 105-900      Account No: 978220340
<b>Amount Due: \$250.00</b>		