

ORDER FORM - COMPANY DEREGISTRATION

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.

PAYMENT DETAILS	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Credit Card Number _____	Expiry Date _____	
Name of Cardholder _____	Signature _____	
Or Direct Deposit	Shelfcom	BSB: 105-900 Account No: 978220340
Amount Due: \$200.00		