

## COMPANY NAME RESERVATION FORM

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

There are two categories for a reservation of name:

**1. A new company name**

**COMPANY NAME** \_\_\_\_\_

**2. A change of name on an existing company**

**EXISTING COMPANY NAME** \_\_\_\_\_

A.C.N. NUMBER \_\_\_\_\_

**PROPOSED NEW NAME** for reservation \_\_\_\_\_

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

<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: \$150.00</b>		