

## ORDER FORM - NEW COMPANY / SHELF COMPANY

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

STATE OF INCORPORATION \_\_\_\_\_ Common Seal required  Yes

**I acknowledge that all proposed officers and members listed below have consented to such appointments and hereby appoint SHELFCOM to sign the Application for Registration of this company as agent on our/their behalf**

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
Duly authorised by the company/applicant to sign on its/their behalf

**REGISTERED OFFICE** \_\_\_\_\_

Name of Occupier if Consenting Office \_\_\_\_\_

**PRINCIPAL PLACE OF BUSINESS** \_\_\_\_\_

Is this Company a Superannuation Trustee Company?  Yes

Does this Company have an Ultimate Holding Company?  Yes - Provide name: \_\_\_\_\_

Is this Company the same name as a registered Business Name belonging to the Officers or Members below?  Yes  No

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DIRECTOR       SECRETARY       MEMBER       PUBLIC OFFICER

**FULL NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TOWN & COUNTRY OF BIRTH \_\_\_\_\_

NUMBER, CLASS & VALUE OF SHARES \_\_\_\_\_

BENEFICIALLY HELD  YES  NO - NAME OF TRUST: \_\_\_\_\_

DIRECTOR       SECRETARY       MEMBER       PUBLIC OFFICER

**FULL NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TOWN & COUNTRY OF BIRTH \_\_\_\_\_

NUMBER, CLASS & VALUE OF SHARES \_\_\_\_\_

BENEFICIALLY HELD  YES  NO - NAME OF TRUST: \_\_\_\_\_

<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: \$785.00 (New Company) / \$885.00 (Shelf Company)</b>		