



Gustafson's Solicitors & Attorneys

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NEW COMPANY ORDER FORM GUSTAFSON'S CORPORATE SERVICES

A service of GUSTAFSON'S SOLICITORS & ATTORNEYS ABN 44 922 931 238

Ordered by-

Name:

Address:

Tel:

Fax:

Email:

PRICE \$675.00 (add \$25.00 for company Seal) (Subject to change with notice)

Proposed Company Name

Is this a registered Business Name - Yes [] No []

If yes, what is the Business Number and who are the registered owners?

BN _____ Names

Registered Office: Full street address

Will the company occupy these premises? Yes [] No []

If no, who is the occupier?

Business Address: _____

Full Street Address: _____

Telephone: () _____ Fax _____

Do you require a Company Seal No [] If Yes [] Allow 24 hours for delivery of Seal

Person 1: Full Name: _____

Former names, if any: _____

Full residential address: _____

Is this person a shareholder? Yes No Number and class of shares: _____

Is this person an officeholder? Director Secretary

Details of Birth: Date: / /

Town/State/Country: _____

I give consent to act as director/secretary/member of this company.

Print Name: _____

Signature _____

Person 2: Full Name: _____

Former names, if any: _____

Full residential address: _____

Is this person a shareholder? Yes No Number and class of shares: _____

Is this person an officeholder? Director Secretary

Details of Birth: Date: / /

Town/State/Country: _____

I give consent to act as director/secretary/member of this company.

Print Name: _____

Signature _____

Person 3: Full Name: _____

Former names, if any: _____

Full residential address: _____

Is this person a shareholder? Yes No Number and class of shares: _____

Is this person an officeholder? Director Secretary

Details of Birth: Date: / /

Town/State/Country: _____

I give consent to act as director/secretary/member of this company.

Print Name: _____

Signature _____

