



416 Flinders Mall (PO Box 991)
Townsville Qld 4810

Ph: (07) 4771 5664 Fax: (07) 4772 5742

COMPANY INCORPORATION *Please complete all details in block letters.*

date: _____
from (your firm name): _____ ref: _____
email address: _____

NAME

PLEASE INCORPORATE THE FOLLOWING COMPANY:

THE PROPOSED NAME IS:

1st choice: _____ pty. ltd.

2nd choice: _____ pty. ltd.

3rd choice: _____ pty. ltd.

(note: do not include 2nd choices unless willing to accept that name)

DELIVERY

PLEASE SEND DOCUMENTS FOR EXECUTION

by overnight courier
by overnight courier tomorrow
by local courier
by email
in due course

incorporation is required today
please incorporate a shelf company
and send details immediately

DIRECTORS / SECRETARIES / PUBLIC OFFICER

(ATTACH DETAILS IF MORE THAN 5)

OFFICEHOLDER 1

director

secretary

public officer

sex Male

Female

full name

site / residential address

state

postcode

postal address

email address

phone

work:

home:

mobile:

facsimile

work:

date of birth

place of birth

state of birth

is this person also a member?

yes

no

If so, no. of shares

value per share \$

class of shares

does the member hold the share/s on trust for another person or entity?

yes

no

If yes, name the person for whom the share is held

OFFICEHOLDER 2

director

secretary

public officer

sex Male

Female

full name _____

site / residential address _____

state _____ postcode _____

postal address _____

email address _____

phone work: _____

home: _____

mobile: _____

facsimile work: _____

date of birth _____ place of birth _____

state of birth _____

is this person also a member? yes no

If so, no. of shares _____ value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another person or entity? yes no

If yes, name the person for whom the share is held

OFFICEHOLDER 3

director

secretary

public officer

sex Male

Female

full name _____

site / residential address _____

state _____ postcode _____

postal address _____

email address _____

phone work: _____

home: _____

mobile: _____

facsimile work: _____

date of birth _____ place of birth _____

state of birth _____

is this person also a member? yes no

If so, no. of shares _____ value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another person or entity? yes no

If yes, name the person for whom the share is held

OFFICEHOLDER 4

director

secretary

public officer

sex Male

Female

full name

site / residential address

state postcode

postal address

email address

phone work:

home:

mobile:

facsimile work:

date of birth

place of birth

state of birth

is this person also a member?

yes

no

If so, no. of shares

value per share \$

class of shares

does the member hold the share/s on trust for another person or entity?

yes

no

If yes, name the person for whom the share is held

OFFICEHOLDER 5

director

secretary

public officer

sex Male

Female

full name

site / residential address

state

postcode

postal address

email address

phone work:

home:

mobile:

facsimile work:

date of birth

place of birth

state of birth

is this person also a member?

yes

no

If so, no. of shares

value per share \$

class of shares

does the member hold the share/s on trust for another person or entity?

yes

no

If yes, name the person for whom the share is held

MEMBERS OTHER THAN OFFICEHOLDERS

(ATTACH DETAILS IF MORE THAN 4)

MEMBER 1

full name _____

ACN / ARBN / ABN _____

tax file no. _____

residential / registered office address _____

state _____ postcode _____

postal address _____

email address _____

if so, no. of shares _____ value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another? yes no

if yes, name the person for whom the share is held

MEMBER 2

full name _____

ACN / ARBN / ABN _____

tax file no. _____

residential / registered office address _____

state _____ postcode _____

postal address _____

email address _____

if so, no. of shares _____ value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another? yes no

if yes, name the person for whom the share is held

MEMBER 3

full name _____

ACN / ARBN / ABN _____

tax file no. _____

residential / registered office address _____

state _____ postcode _____

postal address _____

email address _____

if so, no. of shares _____ value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another? yes no

if yes, name the person for whom the share is held

MEMBER 4

full name _____

ACN / ARBN / ABN _____

tax file no. _____

residential / registered office address _____

state _____ postcode _____

postal address _____

email address _____

if so, no. of shares _____ value per share \$ _____

class of shares _____

does the member hold the share/s on trust for another? yes no

if yes, name the person for whom the share is held

PRINCIPAL BUSINESS OFFICE

name of business floor / building _____

street no. & name _____

town _____ postcode _____

DISCRETIONARY TRUST

is a standard family discretionary trust also required? yes no

If yes, a standard family discretionary trust will be established which will have the first two directors / members as the primary beneficiaries with the first named director being appointed the principal. Legal Office Services Pty Ltd will be the settler. If any alterations are required please complete the discretionary trust order form.

full name of trust _____
(e.g. thediscretionary trust)

ANY FURTHER INSTRUCTIONS
