

**ORDER FORM – TO CHANGE A COMPANY NAME – FORM 205**

RAPID COMPANIES - FAX NO. (07) 3221 9982

Ph. No. (07) 3229 8311

rapidcompanies@iprimus.com.au

FROM (Firm Name): \_\_\_\_\_

CONTACT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL/FAX: \_\_\_\_\_

Existing Company Name: \_\_\_\_\_

A.C.N.: \_\_\_\_\_

New Proposed Company Name: \_\_\_\_\_

**CURRENT DIRECTOR – PERSON TO SIGN FORM 205**

Full Name: (Surname First) \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date &amp; Place of Birth: \_\_\_\_\_

please tick 

Director

Secretary

Member

Chairman

**REGISTERED OFFICE**

(At office of) C/- \_\_\_\_\_

unit of office \_\_\_\_\_

level \_\_\_\_\_

building name \_\_\_\_\_

street number and name \_\_\_\_\_

suburb/city \_\_\_\_\_

state/territory \_\_\_\_\_

postcode \_\_\_\_\_

**PRINCIPAL PLACE OF BUSINESS**

unit of office \_\_\_\_\_

level \_\_\_\_\_

building name \_\_\_\_\_

street number and name \_\_\_\_\_

suburb/city \_\_\_\_\_

state/territory \_\_\_\_\_

postcode \_\_\_\_\_

**PRICE:****\$538.00 (Including GST)****TERMS: PAYMENT UPON RECEIPT**

- Complete the above order form and fax or email through to us
- We will complete a Form 205 and fax or email it you for signing by the nominated Director
- Once signed, please fax or email through to us for immediate electronic processing
- We will fax or email you a PDF copy of the Change of Name Certificate