



FROM (Firm): \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

<b>PRICES: (Incl. GST)</b>	
<input type="checkbox"/>	\$809 (Regular Package)
<input type="checkbox"/>	\$699 (Emailed Package)
<input type="checkbox"/>	\$919 (Regular + Emailed)

● Is company to act solely as trustee for a Self-Managed Super Fund?:  Y  N

● What is the State of Registration for the Company, if not Queensland?: \_\_\_\_\_

**● COMPANY NAME REQUIRED:**

1st Preference: \_\_\_\_\_  
2nd Preference: \_\_\_\_\_

**OFFICEHOLDERS & MEMBERS**

Full Name: (Surname First) \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Date of Birth: → → → \_\_\_\_\_ Place of Birth: Town/City: \_\_\_\_\_ State/Country: \_\_\_\_\_  
 has consented to act as  Dir  Sec  Søllder  Chairman  Public Officer  
 If shareholder: No. of Shares: \_\_\_\_\_ Class of Shares: \_\_\_\_\_ Nom. Value (P/share): \_\_\_\_\_  
 Are Shares to be Beneficially Held?  Yes  No  
 If NO, as trustee for: \_\_\_\_\_

Full Name: (Surname First) \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Date of Birth: → → → \_\_\_\_\_ Place of Birth: Town/City: \_\_\_\_\_ State/Country: \_\_\_\_\_  
 has consented to act as  Dir  Sec  Søllder  Chairman  Public Officer  
 If shareholder: No. of Shares: \_\_\_\_\_ Class of Shares: \_\_\_\_\_ Nom. Value (P/share): \_\_\_\_\_  
 Are Shares to be Beneficially Held?  Yes  No  
 If NO, as trustee for: \_\_\_\_\_

**ULTIMATE HOLDING COMPANY**

Name of Ultimate Holding Company upon Registration (if applic.) \_\_\_\_\_  
ACN/ARBN/ABN: \_\_\_\_\_ Country of Registration (if not Aust.): \_\_\_\_\_

**REGISTERED OFFICE (A CORNER ADDRESS IS NOT ACCEPTABLE)**

(At office of) C/- \_\_\_\_\_  
 unit of office \_\_\_\_\_ level \_\_\_\_\_ building name \_\_\_\_\_  
 street number and name \_\_\_\_\_  
 suburb/city \_\_\_\_\_ state/territory \_\_\_\_\_ postcode \_\_\_\_\_  
 Does the company occupy these premises  YES  NO  
 if NO, name of occupier \_\_\_\_\_

**PRINCIPAL PLACE OF BUSINESS (A CORNER ADDRESS IS NOT ACCEPTABLE)**

unit of office \_\_\_\_\_ level \_\_\_\_\_ building name \_\_\_\_\_  
 street number and name \_\_\_\_\_  
 suburb/city \_\_\_\_\_ state/territory \_\_\_\_\_ postcode \_\_\_\_\_

**This section must be completed [by the Firm ordering the company] before we can register the company.** - The Directors have consented in writing to be Directors for the purpose of registering the company and to the issue of the shares as stated and have asked Rapid Companies to act as agents for the sole purpose of registration.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Proposed company names that are currently registered as business names** - We [the Firm ordering the company] confirm that the proprietors of the registered business name are the members of the proposed company. Please also supply the current ABN.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
ABN: \_\_\_\_\_

**Credit Card Payments . Mastercard/Visa**

Credit Card Number:                       
 Expiry Date: mm  yy  **Authorised Amount to Deduct:** \$ \_\_\_\_\_  
 Name on Card: \_\_\_\_\_ **Cardholders Signature:** \_\_\_\_\_