



FROM (Firm): _____

CONTACT: _____

PHONE: _____

PLEASE PRINT CLEARLY IN BLOCK LETTERS OR TYPE DETAILS

● **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 & Place of Birth: _____

has consented to act as Director Secretary Member Chairman

Full Name: (Surname First) _____

Residential Address: _____

Postcode: _____

Date & Place of Birth: _____

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