

**RAPID COMPANIES [Fax No: (07) 3221 9982] – “UNLISTED” PUBLIC (Ltd) COMPANY ORDER FORM**

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

**has consented to act as**

Director

Secretary

Shareholder

Chairman

If shareholder:

No. of Shares: \_\_\_\_\_

Class of Shares: \_\_\_\_\_

Nominal Value: \_\_\_\_\_

Are Shares to be Beneficially Held?

Yes

No

If NO, as trustee for: \_\_\_\_\_

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

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

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

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

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Secretary

Shareholder

Chairman

If shareholder:

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

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

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If shareholder:

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Class of Shares: \_\_\_\_\_

Nominal Value: \_\_\_\_\_

Are Shares to be Beneficially Held?

Yes

No

If NO, as trustee for: \_\_\_\_\_

Full Name: (Surname First) \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

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

has consented to act as  Director  Secretary  Shareholder  Chairman

If shareholder: No. of Shares: \_\_\_\_\_ Class of Shares: \_\_\_\_\_ Nominal Value: \_\_\_\_\_  
 Are Shares to be Beneficially Held?  Yes  No  
 If NO, as trustee for: \_\_\_\_\_

Full Name: (Surname First) \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

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

has consented to act as  Director  Secretary  Shareholder  Chairman

If shareholder: No. of Shares: \_\_\_\_\_ Class of Shares: \_\_\_\_\_ Nominal Value: \_\_\_\_\_  
 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 STREET ADDRESS IS NOT ACCEPTABLE FOR BELOW ADDRESS)

(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 STREET ADDRESS IS NOT ACCEPTABLE FOR BELOW ADDRESS)

unit of office \_\_\_\_\_ level \_\_\_\_\_ building name \_\_\_\_\_

street number and name \_\_\_\_\_  
 suburb/city \_\_\_\_\_ state/territory \_\_\_\_\_ postcode \_\_\_\_\_

**Credit Card Payments . Mastercard/Visa/Bankcard**

Credit Card Number:

Expiry Date: mm  yy  Authorized Amount to Deduct: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Cardholders Signature: \_\_\_\_\_

\$941.00 (Including GST) TERMS: PAYMENT UPON REGISTRATION

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