

**JAMIESONS CHARTERED ACCOUNTANTS
COMPANY ORDER FORM**

FEES

Proprietary company (all types)

\$1100.00

FIRM (if any) _____ **DATE** _____

CONTACT PERSON _____ **PHONE** _____

EMAIL _____ **FAX** _____

We recommend that you obtain the advice of a Solicitor in relation to the Company's Constitution

Name required

The ASIC register all names in upper case only. If you wish the company register to show the name partly or wholly in lower case please indicate in "Special Instructions" below.)

Is the proposed name identical to an existing business name? Yes No

If "Yes", are **all** the registered proprietors to be shareholders in the company? Yes No

Company options

Standard company includes constitution, common seal and A4 binder

Please tick non-standard option(s) required **if any**:

- No common seal required
- Shareholder loan clause required

Special instructions

Method of registration – one box must be selected

- Signed consents from all proposed officers and shareholders are attached
- I/We are holding the required consents from all proposed officers and shareholders. I/We agree to be the applicant for the registration of the company and appoint Jamiesons Chartered Accountants (or its nominee) to act as my/our agent.
- Signed consents are not available. Please register the company with Jamiesons Chartered Accountants as director and shareholder. Additional GST of \$80.00 payable and there will be a delay in the details of the proposed officers and shareholders being recorded by ASIC.

State

If the State the company is "taken to be registered in" is other than Queensland, please specify

Registered office at the office of (if applicable) _____

Address _____

Principal place of business [] as above or _____

Ultimate holding company (if any) – only required if the company is controlled by another company

DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER

Proposed company name _____

OFFICER

Surname _____ Given Names _____

Address (Full residential address) _____

(The ASIC require all location addresses to include a street or lot number. A Post office box is not acceptable)

Date of birth _____ Place of birth _____

(if within Australia give town and state, if outside Australia give country).

Tax File Number _____

Positions in the company (please tick)

[] Director [] Secretary [] Public Officer

Share details (Where the officer is to hold shares solely in their own name. An officer is not required to hold shares. Joint or company shareholders must complete the SHAREHOLDER section on the lower half of this form)

Number & class of shares

Issue price: \$1.00 Amt paid: \$1.00 Amt unpaid: \$0.00 or Issue price: Amt paid: Amt Unpaid:
If the share(s) are held in trust for another person, entity or trust give their name or write "Yes" _____

Signed consent

I hereby consent to be named in the ASIC application for registration as a company as:

1. an officer of the company in the capacity(ies) indicated above; and
2. (if indicated above) a shareholder who has agreed to take up the shares listed above and (if the company has elected to have a constitution) who has agreed to the terms of the proposed Constitution.

Date / / Sign here _____

SHAREHOLDER (Company, joint holders or a person who is not an officer)

Surname or company name _____

Given names or ACN _____

Address _____

(The ASIC require all location addresses to include a street or lot number. A post office box is acceptable)

Share details (Where the officer is to hold shares solely in their own name. An officer is not required to hold shares. Joint or company shareholders must complete the SHAREHOLDER section on the lower half of this form).

Number & class of shares

Issue price: \$1.00 Amt paid: \$1.00 Amt unpaid: \$0.00 or Issue price: Amt paid: Amt Unpaid:

If the share(s) are held in trust for another person, entity or trust give their name or write "Yes" _____

Signed consent

I hereby consent to be named in the ASIC application for registration as a company as a shareholder who has agreed to take up the shares listed above and (if the company has elected to have a constitution) who has agreed to the terms of the proposed Constitution.

Date / / Sign here _____
(If shares are held jointly each joint holder must sign. If shareholder is a company indicate position held)

Important note: If the company name is not available this form is valid for an agreed substitute.

Payment by Credit Card:	
CARDHOLDER FULL NAME: _____	
CARD NUMBER: _____	
CARD TYPE:	MASTERCARD VISA
EXPIRY DATE: _____	
AMOUNT (AUD): \$ _____	DATE: _____
SIGNATURE: _____	



Fax details to
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Accountants
(07) 5503 1477



Post to
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Accountants
PO Box 307
SOUTHPORT QLD 4215



Questions?
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