## 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 Comp	any's Constitution
Name required  The ASIC register all names in upper case only. If you wish the company regist 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	e company? [ ]Yes [ ]No
Company options Standard company includes constitution, common seal and A4 b Please tick non-standard option(s) required if any:	inder
<ul><li>[ ] No common seal required</li><li>[ ] Shareholder loan clause required</li></ul>	
Special instructions	
Method of registration – one box must be selected  [ ] Signed consents from all proposed officers and shareholder  [ ] I/We are holding the required consents from all proposed of agree to be the applicant for the registration of the company and a Accountants (or its nominee) to act as my/our agent.  [ ] Signed consents are not available. Please register the compactor Accountants as director and shareholder. Additional GST of \$80.1 delay in the details of the proposed officers and shareholders being	ficers and shareholders. I/We appoint Jamiesons Chartered pany with Jamiesons Chartered 00 payable and there will be a
State If the State the company is "taken to be registered in" is other thar	n Queensland, please specify

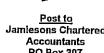
ddress			
rincipal place of business [	] as above or		
-986		company is controlled by another company	

## **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
Important note: If the company name is not available this form is valid for an agreed substitute.
Payment by Credit Card:
ARDHOLDER FULL NAME:
ARD NUMBER:
ARD TYPE: MASTERCARD VISA
PIRY DATE:
IOUNT (AUD): \$ DATE:
GNATURE:





Post to
Jamiesons Chartered
Accountants
PO Box 307
SOUTHPORT QLD 4215



(07) 5503 0466