TERRY FRENCH & ASSOCIATES
ACCOUNTANTS & TAX AGENTS

Company Registration Order Form

Name: _____ Address: _____

Phone: _____ Email: _____

Preferred Company Name/s _____

Is this name a Registered Business Name? ☐ YES ☐ NO If Yes, in which State/s or Territory/s is it registered?_____

Registered Office Address _____

_____

Occupier _____

(Only required if Registered Office is c/-accountants, solicitors etc)

Full Principal Place of Business _____

DETAILS OF COMPANY OFFICERS AND SHAREHOLDERS

#1 (To be Chairman)

Family Name_____ GivenName/s_____

Full Street Address_____ Place of Birth (Town/State/Country)_____

Date of Birth _____

Number of Shares _____ Class ORD or _____ Paid: $1/share OR:$_____ *Beneficially Held? ☐ YES

Positions Held ☐ DIRECTOR ☐ SECRETARY ☐ PUBLIC OFFICER ☐ NO

#2 Family Name_____ GivenName/s_____

Full Street Address_____ Place of Birth (Town/State/Country)_____

Date of Birth _____

Number of Shares _____ Class ORD or _____ Paid: $1/share OR:$_____ *Beneficially Held? ☐ YES

Positions Held ☐ DIRECTOR ☐ SECRETARY ☐ PUBLIC OFFICER ☐ NO

SIGNATURE

I, _____ hereby declare that I hold the necessary consent/s of the party/s listed above.
(Print Name)

_____
Signature Required

PAYMENT DETAILS:

TYPE OF CARD: Visa ☐ Mastercard ☐ Cheque ☐

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____