

Credit Card Details

Visa Master Card American Express
 * American Express cards will attract a 2.75% surcharge

Name on card: _____
 Card Number: _____
 Expiry Date: _____ \$POA
 Signature: _____

Disclaimer - We do not provide legal, accounting or stamp duty advice and therefore take no responsibility for your taxation, legal or other liabilities which may arise from the work we perform on your instructions. We urge you to first obtain legal and accounting advice in relation to your affairs and in particular this transaction.

CHANGE OF COMPANY TYPE (FORMS 205 & 206)

Current Name _____
 ACN _____

WE WILL ORDER A CURRENT EXTRACT OF THE COMPANY TO OBTAIN FULL DETAILS (FOR A SMALL ADDITIONAL FEE) OR PLEASE FEEL FREE TO PROVIDE A CURRENT COMPANY EXTRACT YOURSELF

Proposed Type Pty Limited
 Public – Listed
 Public – Non-Listed
 Limited by Guarantee

Common Seal Rubber Stamp Adhesive No Seal

Date of Change: _____

Date of Resolution: _____

Directors (full name) _____

Chairman of Directors Meeting _____

Signing officer _____

Member (name and shareholding) _____

Member (name and shareholding) _____

Chairman of Members Meeting _____

Address of Meeting _____

PLEASE COMPLETE BELOW ONLY IF STATUS IS CHANGING TO PUBLIC AND THE COMPANY DOES NOT ALREADY HAVE 3 DIRECTORS AND 1 SECRETARY. (At least 2 directors and 1 Secretary must reside in Australia)

NEW OFFICE HOLDER

Name Date of Birth
ACN Place of Birth
Address Country/State
Suburb State Postcode.

Please Tick where applicable: Director Secretary Chairman

NEW OFFICE HOLDER

Name Date of Birth
ACN Place of Birth
Address Country/State
Suburb State Postcode.

Please Tick where applicable: Director Secretary Chairman

NEW OFFICE HOLDER

Name Date of Birth
ACN Place of Birth
Address Country/State
Suburb State Postcode.

Please Tick where applicable: Director Secretary Chairman

PLEASE SUPPLY COPIES OF THE FOLLOWING:

- 1. A COPY OF THE CONSTITUTION OF THE COMPANY; OR

Your Details

By completing this form you agree to the trading terms and conditions of Corporate Express found on www.corporateexpress.com.au and acknowledge that Corporate Express will act as the lodging agent for all ASIC forms relating to this order.

Name _____
Contact _____ Email _____
Address _____
Delivery Address _____
Phone _____ Fax _____