

Credit Card Details

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

Name on card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_ \$441.00  
 Signature: \_\_\_\_\_

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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.

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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: \_\_\_\_\_

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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

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**PLEASE SUPPLY COPIES OF THE FOLLOWING:**

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

**Your Details**

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**By completing this form you agree to the trading terms and conditions of Corporate Express found on [www.corporateexpress.com.au](http://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 \_\_\_\_\_