

OFFICE HOLDERS AND MEMBERS

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

Please Tick where applicable: Director Secretary Chairman Public Officer Member

If a member, please complete the following: Class of Shares No. of Shares Total Value

Are the shares beneficially held? Yes No If no, who is the beneficial owner?

Are the shares fully paid? Yes No If no, please state the amount paid per share?

If member is a company, please provide the name/s of signing officers
.....

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

Please Tick where applicable: Director Secretary Chairman Public Officer Member

If a member, please complete the following: Class of Shares No. of Shares Total Value

Are the shares beneficially held? Yes No If no, who is the beneficial owner?

Are the shares fully paid? Yes No If no, please state the amount paid per share?

If member is a company, please provide the name/s of signing officers
.....

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

Please Tick where applicable: Director Secretary Chairman Public Officer Member

If a member, please complete the following: Class of Shares No. of Shares Total Value

Are the shares beneficially held? Yes No If no, who is the beneficial owner?

Are the shares fully paid? Yes No If no, please state the amount paid per share?

If member is a company, please provide the name/s of signing officers
.....

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

Please Tick where applicable: Director Secretary Chairman Public Officer Member

If a member, please complete the following: Class of Shares No. of Shares Total Value

Are the shares beneficially held? Yes No If no, who is the beneficial owner?

Are the shares fully paid? Yes No If no, please state the amount paid per share?

If member is a company, please provide the name/s of signing officers
.....

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

Please Tick where applicable: Director Secretary Chairman Public Officer Member

If a member, please complete the following: Class of Shares No. of Shares Total Value

Are the shares beneficially held? Yes No If no, who is the beneficial owner?

Are the shares fully paid? Yes No If no, please state the amount paid per share?

If member is a company, please provide the name/s of signing officers
.....

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

Please Tick where applicable: Director Secretary Chairman Public Officer Member

If a member, please complete the following: Class of Shares No. of Shares Total Value

Are the shares beneficially held? Yes No If no, who is the beneficial owner?

Are the shares fully paid? Yes No If no, please state the amount paid per share?

If member is a company, please provide the name/s of signing officers
.....

Does the company require an Auditor? Yes No If yes, Name
Address

ADDITIONAL INFORMATION

Charitable Pty Limited

Please provide the objects of the charity for inclusion in the Constitution.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Home Unit Company

Please provide the following information

Name of building:

Number of lots in building:

Title particulars of land:

How many members do you require for a quorum of a general meeting?

Please note that the levies for the Home Unit Company will be apportioned in the same ratio as the number of shares issued to each member.

DIRECTORS CONSENT

The Directors have consented in writing to be Directors for the purposes of incorporating an Original Member Company and have asked Corporate Express to act as agents for the sole purpose of incorporation.

Signed by:

Print name Signature

Details and information required to incorporate a company in Australia

1. Company name

- If you have reserved the company name, please attach a copy of the ASIC reservation advice.
- If you own identical business name, please provide the registration no. and state.
- Please provide company name – the name availability is checked on ASIC website.
- Please note words such as trustee, trust and offensive words cannot be part of a company name.
- Your new ACN can be your company name eg A.C.N 000 111 222 Pty Limited

2. State of incorporation

- Please choose a state

3. Addresses of registered office and principal place of business

- Please provide street addresses in Australia. Post office addresses will not be accepted.
- Registered office address is where your corporate register will be kept. Therefore it can be at office address of your accountant or solicitor.

4. Officeholders – Directors and Secretaries

- At least 1 director must reside in Australia
- Please provide full name. Initials will not be accepted.
- Please provide street addresses. Post office addresses will not be accepted.
- Please provide the city and country of birth. If born in Australia, please provide the city and state.
- The appointment of a company secretary is optional. At least 1 secretary must reside in Australia. However, if more than two directors are appointed, the appointment of a company secretary is advisable.
- For public companies, 3 directors and 1 secretary must be appointed. At least 2 directors and 1 secretary must reside in Australia.

5. Public officer

- This is an appointment under taxation legislation
- Please provide full name. Initials will not be accepted.
- A person can be appointed as director, secretary and public officer or can be just appointed as a public officer.

6. Member and capital

- If the member is a person, please provide full name. Initials will not be accepted.
- If the member is an Australian company, please provide company name, ACN and registered office address.
- The minimum requirement is 1 share.
- Please provide class of shares eg Ordinary shares, A class shares.
- Please advise if these shares are to be held beneficially or not.

7. Financial year end – Public Company ONLY

- Please provide the year end date of the financial year

Disclaimer

We do not provide legal or accounting 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.

CONSENT TO ACT AS DIRECTOR

1. I hereby consent to act as a director of the company called.....

2. For the purposes of sections 201D and 201L of the Corporations Act 2001, I give notice of the following personal details:

a. Full Name:

Address:

Position Held:

Former Names:

Date of Birth:

Place of Birth:

3. In accordance with section 191 of the Corporations Act 2001, I declare that I am an officer or member of the undermentioned bodies corporate and/or firms, and should be regarded as interested in any contract which may be made with any such body corporate or firm:

Name

Name and Extent of Interest

-
4. In accordance with section 191 of the Corporations Act 2001, I declare that I am directly or indirectly interested in the following contracts or proposed contracts with the company:-

Name	Name and Extent of Interest
------	-----------------------------

(Note: if general notice is given in paragraph 3 above, paragraph 4 need not be completed if the contract or proposed contract is with a body corporate or firm mentioned in paragraph 3).

5. I hold the following offices or possess the undermentioned property whereby duties or interests might be created directly or indirectly in conflict with my duties or interests as a director of the company:

Office or Property	Nature, Character and Extent of conflict
--------------------	--

6. I am not entitled to have an alternative address substituted for my usual residential address in accordance of the Corporations Act 2001.

SIGNED

DATED
