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		admin@corporateexpress.com.au	U	
	om the work we perform on your in	erefore take no responsibility for your taxation structions. We urge you to first obtain legal cion.	,	
Company Incorpora	ition Order Form	\rightarrow		
TICK WHERE APPLICABLE				
For Outsourcing Clients: Annual Reviews to be prepared by Corporate E	xpress? □ Yes □ No			
Your Details (who should be contacted for furth	ner details)			
By completing this form you agree to the tra and acknowledge that Corporate Express wi		rate Express found on <u>www.corporateexpress.co</u> C forms relating to this order.	<u>m.au</u>	
Name/Company/Firm	Referred by			
Contact	Email			
Delivery Address (no PO Box)				
Phone				
Company Structure	☐ Pty Limited (\$901.00)	☐ Public – Non-Listed (\$1066.00)		
onipully officials	☐ Shelf Company (POA)	Δ1 ασπο 14οπ Είσιοα (ψ1οου.ου)		
Special Purpose Companies	□Superannuation trustee (\$9 □Not for Profit Pty Limited (\$9	01.00) 01.00) Not appropriate for DGR status		
Common Seal	☐ Rubber Common Seal ☐ Self Adhesive Common Seal ☐ No Seal			
State of Incorporation	□ NSW □ SA	□ TAS □ VIC		
Business Name	□ QLD □ WA State:	□ ACT □ NT BN Number:		
COMPANY DETAILS				
Preferred Company Name				
Has this name already been reserved?	☐ Yes ☐ No If yes, name	e of person/co. reserved by		
Registered Office				
Will the company occupy these premises?	□ Yes	cupier is		

Principal Place of Business

OFFICE HOLDERS AND MEMBERS

Tuli Name				Date of Birth	
ACN	DIN	(Provide	for Directors only	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: Cla	ss of Shares	No. of SI	nares 1	Total Value
Are the shares beneficially held?	□ Yes □ No	If no, who is th	ne beneficial owner?		
Are the shares fully paid?	□ Yes □ No	If no, please s	tate the amount paid	d per share?	
If member is a company, please pr					
Full Name				Date of Birth	
ACN	DIN	(Provide	for Directors only	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: Cla	ss of Shares	No. of SI	nares 1	Total Value
Are the shares beneficially held?	□ Yes □ No	If no, who is th	ne beneficial owner?		
Are the shares fully paid?	□ Yes □ No	If no, please s	tate the amount paid	d per share?	
If member is a company, please p	rovide the name/s	of signing officers .			
Full Name				Date of Birth	
ACN	DIN	(Provide	for Directors only	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: Cla	ss of Shares	No. of SI	nares 1	Fotal Value
Are the shares beneficially held?	□ Yes □ No	If no, who is th	ne beneficial owner?		
Are the shares fully paid?	□ Yes □ No	If no, please s	tate the amount paid	d per share?	

Full Name				Date of Birth			
ACN	DIN	(Provide	for Directors only	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: Clas	ss of Shares	No. of SI	hares Tota	al Value		
Are the shares beneficially held?	□ Yes □ No	If no, who is the	ne beneficial owner?	·			
Are the shares fully paid?	□ Yes □ No	If no, please s	tate the amount paid	d per share?			
If member is a company, please pr							
Full Name				Date of Birth			
ACN	DIN	(Provide	for Directors only	Place of Birth	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: Clas	ss of Shares	No. of SI	hares Tota	al Value		
Are the shares beneficially held?	□ Yes □ No	If no, who is th	ne beneficial owner?	·			
Are the shares fully paid?	□ Yes □ No	If no, please s	tate the amount paid	d per share?			
If member is a company, please pr							
Full Name				Date of Birth			
ACN	DIN	(Provide	for Directors only	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: Clas	ss of Shares	No. of SI	hares Tota	al Value		
Are the shares beneficially held?	□ Yes □ No	If no, who is th	ne beneficial owner?				
Are the shares fully paid?	□ Yes □ No	If no, please s	tate the amount paid	d per share?			
If member is a company, please pr	rovide the name/s o	f signing officers .					

Does the company require an Auditor? Address			Name
ADDITIONAL INFORMATION			
Charitable Pty Limited			
Please provide the objects of the charity f	or inclusion in the (Constitution	
Home Unit Company			
Please provide the following information			
Name of building:			
Number of lots in building:			
Title particulars of land:			
		_)
Please note that the levies for the Home	Unit Company will t	oe apportior	ned in the same ratio as the number of shares issued to each member.
DIRECTORS CONSENT			
The Directors have consented in writing to Corporate Express to act as agents for the			s of incorporating an Original Member Company and have asked n.
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 office 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 called	consent								company
2.	For the purpo notice of the for					lL of	the Corpor	rations	Act 2	001, I give
	Full Name:									
	Address:									
	Position Held:	:								
	Former Name	s:								
	Date of Birth:									
	Place of Birth	:								
3.	In accordance v officer or member be regarded as corporate or firm	per of the uniterested	ındern	nentior	ned bo	odies	corporate a	nd/or	firms,	and should
	Name			N	Vame a	and E	xtent of Int	erest		

4.		The Corporations Act 2001, I declare that I ame following contracts or proposed contracts with the
	Name	Name and Extent of Interest
		in paragraph 3 above, paragraph 4 need not be osed contract is with a body corporate or firm
5.		ess the undermentioned property whereby duties or indirectly in conflict with my duties or interests as
	Office or Property	Nature, Character and Extent of conflict
6.	I am not entitled to have an alterna address in accordance of the Corpora	tive address substituted for my usual residential ations Act 2001.
SI	GNED	
D <i>F</i>	ATED	