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□ Visa □ Master Card □ American Express * American Express cards will attract a 1.75% surcharge				•		87 520			D
Name on card:			Wor		OX 20 Iare NS	247, SW 20)02		지
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Expiry Date: \$855.0	00		S	Sydney	/ NSW	2000			
CVC:			Tele	phone	(02) 9	261 21	00		S
Signature:		ad	lmin@	corpor	ateexp	press.c	com.au		S

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.

Company Incorporation Order Form – Limited by Guarantee

TICK WHERE APPLICABLE							
For Outsourcing Clients: Annual Reviews to be prepared by Corporate Exp	press?	Yes	□ No				
Your Details (who should be contacted for furthe	r details)						
By completing this form you agree to the trad and acknowledge that Corporate Express will							
Name/Company/Firm			Referred by				
Contact I	Email	•••••					
Delivery Address (no PO Box)							
Phone	Fax						
Company Structure			d by Guarante - (Appropria	e (\$855.00) te for DGR status	s if required)		
Common Seal	□ Self Ad	 Rubber Common Seal Self Adhesive Common Seal No Seal 					
State of Incorporation	□ NSW □ QLD		□ SA □ WA	□ TAS □ ACT	□ VIC □ NT		
Name and number of prior association if any							
Date of current financial year end							
COMPANY DETAILS							
Preferred Company Name							
Has this name already been reserved?	□ Yes	□ No	lf yes, nam	e of person/co. re	served by		
Registered Office							
Will the company occupy these premises?	□ Yes	□ No		cupier is			
Principal Place of Business							

OFFICE HOLDERS AND MEMBERS

Full Name				Date of Bir	th		
ACN	DIN	(Provid	e for Directors only	Place of Bir	Place of Birth		
Address				Country/Stat	Country/State		
Suburb		State		Postcode			
Please Tick where applicable:	Chairperson	Director	□ Secretary	Public Officer	□ Member		
Full Name				Date of Bir	th		
ACN	DIN	(Provid	e for Directors only	Place of Bir	th		
Address				Country/Stat	Country/State		
Suburb		State		Postcode			
Please Tick where applicable:	Chairperson	Director	□ Secretary	Public Officer	□ Member		
Full Name				Date of Bir	th		
ACN	DIN	(Provic	le for Directors only	Place of Bir	th		
Address				Country/Stat	te		
Suburb		State		Postcode			
Please Tick where applicable:	□ Chairperson	Director	□ Secretary	Public Officer	□ Member		
Full Name				Date of Bir	th		
ACN	DIN	(Provid	e for Directors only	Place of Birl	h		
Address				Country/Stat	te		
Suburb		State		Postcode			
Please Tick where applicable:	□ Chairperson	□ Director	□ Secretary	Public Officer	Member		
Full Name				Date of Bir	th		
ACN	DIN	(Provid	e for Directors only	Place of Bir	th		
Address				Country/Stat	te		
Suburb		State		Postcode			
Please Tick where applicable:	Chairperson	Director	□ Secretary	Public Officer	□ Member		

Full Name				Date of Bir	th			
ACN	DIN	(Provide for Directors only		Place of Bir	th			
Address				Country/Sta	te			
Suburb		State		Postcode				
Please Tick where applicable:	□ Chairperson	□ Director	□ Secretary	Public Officer	□ Member			
- Full Name				Date of Bir	th			
ACN	DIN	(Provide	for Directors only	Place of Bir	th			
Address				Country/Sta	te			
Suburb		State		Postcode				
Please Tick where applicable:	□ Chairperson	□ Director	□ Secretary	Public Officer	□ Member			
Full Name				Date of Bir	th			
ACN	DIN	(Provide	for Directors only	Place of Bir	th			
Address				Country/Sta	te			
Suburb		State		Postcode				
Please Tick where applicable:	□ Chairperson	□ Director	□ Secretary	Public Officer	□ Member			
Name of Auditor? Name								
Address								
Additional Information								
Please provide us with a copy of the proposed objects of the company.								
The proposed number of members of the Board of Directors including office-bearers is								
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 agent for the sole purpose of incorporation.

Signed by:

Print name	Signature
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Standard terms

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

- 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.
- 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. Members

- 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.

7. Financial year end -

• Please provide the year end date of the financial year

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CONSENT TO ACT AS DIRECTOR

1.	I hereby c called	onsent to					company
2.	For the purposes notice of the foll			L of the C	Corporations	Act 20	01, I give
	Full Name:						
	Address:						
	Position Held:						
	Former Names:						
	Date of Birth:						
	Place of Birth:						
3.	In accordance with officer or member be regarded as int corporate or firm:	of the undern	nentioned bo	dies corpor	rate and/or	firms, a	and should
	Name		Name a	nd Extent of	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