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legal or other liabilities which may arise fro and accounting advice in relation to your a	om the work we perform on your inffairs and in particular this transa		
Company Incorpora	ation Order Forn	$\bigcap \overline{\mathcal{M}}$	
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	er details)		
By completing this form you agree to the tra and acknowledge that Corporate Express wi		orate Express found on www.corporateexpress.com.au SIC forms relating to this order.	
Name/Company/Firm	Referred by		
Contact	Email		
Delivery Address (no PO Box)			
Phone	Fax		
Company Structure	☐ Pty Limited (\$963.00) ☐ Public – Non-Listed (\$1139.00) ☐ Shelf Company (POA)		
Special Purpose Companies	□Superannuation trustee (\$963.00) □Not for Profit Pty Limited (\$963.00) Not appropriate for DGR status		
Common Seal	☐ Rubber Common Seal ☐ Self Adhesive Common Seal ☐ No Seal		
State of Incorporation	□ NSW □ SA □ QLD □ WA	☐ TAS ☐ VIC ☐ NT	
Business Name	State:	BN Number:	
COMPANY DETAILS			
Preferred Company Name			
Has this name already been reserved?	☐ Yes ☐ No If yes, nar	me of person/co. reserved by	
Registered Office			
Will the company occupy these premises?	☐ Yes ☐ No if no, the o	occupier is	

Principal Place of Business

OFFICE HOLDERS AND MEMBERS

Full Name				Date of Birth	
ACN	DIN	(Provide fo	or 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	ass of Shares	No. of S	hares	Total Value
Are the shares beneficially held?	□ Yes □ No	If no, who is t	he beneficial owner	?	
Are the shares fully paid?	☐ Yes ☐ No	If no, please s	state the amount pa	id per share?	
If member is a company, please	provide the name/s	s of signing officers			
Full Name				Date of Birth	
ACN	DIN	(Provide fo	or 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	ass of Shares	No. of S	hares	Total Value
Are the shares beneficially held?	□ Yes □ No	If no, who is t	he beneficial owner	?	
Are the shares fully paid?	□ Yes □ No	If no, please s	state the amount pa	aid per share?	
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If member is a company, please p	rovide the name/s	of signing officers .			
Full Name				Date of Birth	
ACN	DIN	(Provide fo	or 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 S	hares T	otal 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 pa	nid per share?	
If member is a company, please p	rovide 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	r.
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	

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 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:
	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 and Extent of Interest

4.		the Corporations Act 2001, I declare that I am following contracts or proposed contracts with the
	Name	Name and Extent of Interest
	•	n paragraph 3 above, paragraph 4 need not be sed contract is with a body corporate or firm
5.		ss 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 Corporat	tive address substituted for my usual residential ions Act 2001.
SI	GNED	
DA	ATED	