

<input type="checkbox"/>	<p>Has this company name already been reserved with ASIC? (If No, go to next Question) (Company registration applications where name is already reserved with ASIC need to be reviewed manually by ASIC with reference to supporting documents. Hence your application is not being lodged for automatic processing. Our office will get in touch with you shortly to proceed further in the matter).</p> <p><u>If Yes, provide details of Company Reservation</u></p> <p>Reservation number _____</p> <p>Whether Registered by Individual or Entity?</p> <p>Provide full name of Individual or entity _____</p>	<p>Yes / No (Please circle)</p> <p>Individual / Another entity (Please circle)</p>
<input type="checkbox"/>	<p>In which State/Territory should the company be registered?</p>	<p>Australian Capital Territory / New South Wales / Northern Territory / Queensland / South Australia / Tasmania / Victoria / Western Australia (Please circle only one)</p>
<input type="checkbox"/>	<p>Will this company act only as trustee of Self Managed Super Fund (SMSF)?</p> <p>If yes, accept below declaration -</p> <p>I DECLARE that this company is a special purpose company as defined under Regulation 3 of the Corporations (Fees) Regulations 2003.</p>	<p>Yes / No (Please circle)</p> <p>Accepted / Not Accepted (cannot proceed with your application if circled 'Not Accepted')</p>
<input type="checkbox"/>	<p>Will the Company have an Ultimate Holding Company?</p> <p>If Yes, Please provide details of Holding Company:</p> <p>Name of Company _____</p> <p>ACN or ARBN or ABN (if Incorporated in Australia) _____</p> <p>Country of Incorporation _____</p>	<p>Yes / No (Please circle)</p>
<input type="checkbox"/>	<p>What would be the registered office of this company?</p> <p>(A company must have a registered office in Australia and should not be a POST OFFICE BOX address)</p>	<p>_____</p> <p>_____</p> <p>Suburb _____ State _____ Post Code _____</p>

<input type="checkbox"/>	<p>Is the registered office (above) occupied by an entity other than this new company?</p> <p>If Yes, Please provide Name of the Occupier</p> <p>Accept below declaration -</p> <p>I agree that the occupier has consented in writing to the company using those premises as the address for its registered office; and has not withdrawn that consent.</p>	<p>Yes / No (Please circle)</p> <hr/> <p>Accepted / Not Accepted (cannot proceed with your application if circled 'Not Accepted')</p>
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<input type="checkbox"/>	<p>What would be the Principal Place of Business for this company?</p> <p>If same as registered office address, Please write “Same as Above”</p> <p>(Should not be a POST OFFICE BOX address)</p>	 <hr/> <hr/> <p>Suburb _____ State _____ Post Code _____</p>
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<input type="checkbox"/>	<p>Share Structure</p>			
	Share Class	No. of Shares Allotted	Value Per share (\$)	Total Share Capital
	If you want different denominations of shares, please add additional sheet			

No. of Individual Directors in this company (A proprietary company must have at least 1 director. That director must ordinarily reside in Australia).

Please provide details of Director 1

First Name _____

Middle Name (optional) _____

Last Name _____

Birth Details

Date of Birth _____

Is this director born in Australia? Yes / No

Suburb / City of Birth _____

State of Birth _____

Country of Birth _____

Residential Address _____

(Please enter residential (physical) address of the Director / Shareholder. Do not Enter Post Box address. If the address of Director is same as Registered office / Principal Place of Business of the company, write 'Same as Registered Office address / Principal Place of Business).

If the Director of the company is also member of the company, provide details of the shareholding.

Share Class _____

No. of shares allotted _____

Amount paid per share _____

Amount Unpaid per share _____

Total Amount paid on shares _____

Total amount unpaid on shares _____

Are these shares owned by this shareholder for their own benefit? Yes / No

(Shareholders can own shares for themselves (their own benefit) or they can own shares, in their name, for someone else (someone else's benefit - for example as a trustee of a trust where the trust is the beneficial owner). Real owner of shares is the beneficial owner).

If Yes, please provide name of beneficial owner (If the beneficial owner is a family trust enter the name of the trust.) _____

Please provide details of Director 2

First Name

Middle Name (optional)

Last Name

Birth Details

Date of Birth

Is this director born in Australia?

Yes / No

Suburb / City of Birth

State of Birth

Country of Birth

Residential Address

(Please enter residential (physical) address of the Director / Shareholder. Do not Enter Post Box address. If the address of Director is same as Registered office / Principal Place of Business of the company, write 'Same as Registered Office address / Principal Place of Business')

If the Director of the company is also member of the company, provide details of the shareholding.

Share Class

No. of shares allotted

Amount paid per share

Amount Unpaid per share

Total Amount paid on shares

Total amount unpaid on shares

Are these shares owned by this shareholder for their own benefit?

Yes / No

(Shareholders can own shares for themselves (their own benefit) or they can own shares, in their name, for someone else (someone else's benefit - for example as a trustee of a trust where the trust is the beneficial owner). Real owner of shares is the beneficial owner).

If Yes, please provide name of beneficial owner (If the beneficial owner is a family trust enter the name of the trust.)

For additional Director / Shareholder please copy This PAGE...

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No. of Individual Shareholders of this company who will not act as Directors

Please provide details of Shareholder / Non Director 1

First Name

Middle Name (optional)

Last Name

Residential Address

(Please enter residential (physical) address of the Director / Shareholder. Do not Enter Post Box address. If the address of Member is same as Registered office / Principal Place of Business of the company, write 'Same as Registered Office address / Principal Place of Business')

Provide details of the shareholding.

Share Class

No. of shares allotted

Amount paid per share

Amount Unpaid per share

Total Amount paid on shares

Total amount unpaid on shares

Are these shares owned by this shareholder for their own benefit?

Yes / No

(Shareholders can own shares for themselves (their own benefit) or they can own shares, in their name, for someone else (someone else's benefit - for example as a trustee of a trust where the trust is the beneficial owner). Real owner of shares is the beneficial owner).

If Yes, please provide name of beneficial owner

(For Example; If the beneficial owner is a family trust enter the name of the trust.)

Please provide details of Shareholder / Non Director 2

First Name

Middle Name (optional)

Last Name

Residential Address

(Please enter residential (physical) address of the Director / Shareholder. Do not Enter Post Box address. If the address of Member is same as Registered office / Principal Place of Business of the company, write 'Same as Registered Office address / Principal Place of Business)

Provide details of the shareholding.

Share Class

No. of shares allotted

Amount paid per share

Amount Unpaid per share

Total Amount paid on shares

Total amount unpaid on shares

Are these shares owned by this shareholder for their own benefit?

Yes / No

(Shareholders can own shares for themselves (their own benefit) or they can own shares, in their name, for someone else (someone else's benefit - for example as a trustee of a trust where the trust is the beneficial owner). Real owner of shares is the beneficial owner).

If Yes, please provide name of beneficial owner

(For Example; If the beneficial owner is a family trust enter the name of the trust.)

For additional Shareholder please copy This PAGE...

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<input type="checkbox"/>	No. of companies who will own shares in this company	
<p><u>Provide details of Company</u></p> <p><u>Shareholder 1</u></p> <p>Name of Company (Please enter the exact name as per Certificate of Registration) _____</p> <p>Is this company registered in Australia? Yes / No</p> <p>If yes, provide Australian Company Number (ACN) _____</p> <p>If No, provide Registration number (optional) _____</p> <p>Registered Address (Please enter residential (physical) address of the Director / Shareholder. Do not Enter Post Box address.) _____ _____ _____</p> <p><u>Provide details of the shareholding.</u></p> <p>Share Class _____</p> <p>No. of shares allotted _____</p> <p>Amount paid per share _____</p> <p>Amount Unpaid per share _____</p> <p>Total Amount paid on shares _____</p> <p>Total amount unpaid on shares _____</p> <p>Are these shares owned by this shareholder for their own benefit? Yes / No</p> <p>(Shareholders can own shares for themselves (their own benefit) or they can own shares, in their name, for someone else (someone else's benefit - for example as a trustee of a trust where the trust is the beneficial owner). Real owner of shares is the beneficial owner).</p> <p>If Yes, please provide name of beneficial owner _____</p> <p>(For Example; If the beneficial owner is a family trust enter the name of the trust.)</p> <p>Name of person executing the documents on behalf of this company shareholder</p> <p>First Name _____</p> <p>Last Name _____</p>		

Provide details of Company

Shareholder 2

Name of Company (Please enter the exact name as per Certificate of Registration)

Is this company registered in Australia?

Yes / No

If yes, provide Australian Company Number (ACN)

If No, provide Registration number (optional)

Registered Address (Please enter residential (physical) address of the Director / Shareholder. Do not Enter Post Box address.)

Provide details of the shareholding.

Share Class

No. of shares allotted

Amount paid per share

Amount Unpaid per share

Total Amount paid on shares

Total amount unpaid on shares

Are these shares owned by this shareholder for their own benefit?

Yes / No

(Shareholders can own shares for themselves (their own benefit) or they can own shares, in their name, for someone else (someone else's benefit - for example as a trustee of a trust where the trust is the beneficial owner). Real owner of shares is the beneficial owner).

If Yes, please provide name of beneficial owner

(For Example; If the beneficial owner is a family trust enter the name of the trust.)

Name of person executing the documents on behalf of this company shareholder

First Name

Last Name



For additional Shareholder please copy This PAGE...

No. of Joint Shareholders who will own shares in this company (Two (Maximum) Individuals or Two (Maximum) Companies can own shares in this company jointly.)

Please provide details of Joint holder 1

Is the Joint holder a person or a Company?

Person / Company (circle one)

Please provide details as below

First Name / Company Name

Middle Name (optional)

Last Name

Residential Address / Company's registered address

(Please enter residential (physical) address of the Director / Shareholder. Do not Enter Post Box address. If the address of Director is same as Registered office / Principal Place of Business of the company, write 'Same as Registered Office address / Principal Place of Business)

Please provide details of Joint holder 2

Is the Joint holder a person or a Company?

Person / Company (circle one)

Please provide details as below

First Name / Company Name

Middle Name (optional)

Last Name

Residential Address / Company's registered address

(Please enter residential (physical) address of the Director / Shareholder. Do not Enter Post Box address. If the address of Director is same as Registered office / Principal Place of Business of the company, write 'Same as Registered Office address / Principal Place of Business)

	<p><u>Provide details of the shareholding.</u></p> <p>Share Class _____</p> <p>No. of shares allotted _____</p> <p>Amount paid per share _____</p> <p>Amount Unpaid per share _____</p> <p>Total Amount paid on shares _____</p> <p>Total amount unpaid on shares _____</p> <p>Are these shares owned by this shareholder for their own benefit? _____</p> <p>(Shareholders can own shares for themselves (their own benefit) or they can own shares, in their name, for someone else (someone else's benefit - for example as a trustee of a trust where the trust is the beneficial owner). Real owner of shares is the beneficial owner).</p> <p>If Yes, please provide name of beneficial owner _____</p> <p>(For Example; If the beneficial owner is a family trust enter the name of the trust.)</p>	<p>Yes / No</p>
<input type="checkbox"/>	<p>Provide name of Secretary of this company? (It is not mandatory for proprietary company to appoint a Secretary. However, if one or more secretary is appointed, at least one of them has to be resident of Australia).</p>	<p>_____</p>
<input type="checkbox"/>	<p>Name Public Officer of this company (You may name Public Officer in the application)</p>	<p>_____</p>
	<p><u>Minutes to incorporate company</u></p>	
<input type="checkbox"/>	<p>Name Managing Director of the meeting. (should be one of the directors)</p>	<p>_____</p>
<input type="checkbox"/>	<p>What will be the venue of this meeting? (Venue of the meeting can be Registered Office, Principal Place of Business or any other venue)</p>	<p>_____</p>
<input type="checkbox"/>	<p>Who will sign the share certificates? (Must be one or maximum two directors or director and secretary if there is one).</p>	<p>_____ _____</p>

<input type="checkbox"/>	<p>Please provide details of applicant whom we can contact should ASIC have any queries?</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>PHONE NUMBER _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																												
<input type="checkbox"/>	<p>Would you like to have your company documents printed, bound & couriered to you?</p> <p>(\$50 incl. GST)</p>	<p>Yes / No</p>																												
<input type="checkbox"/>	<p>Special printing or delivery instruction</p> <p>(Please provide special instructions, if any)</p>	<p>_____</p>																												
<input type="checkbox"/>	<p>Consents :</p> <p>I / we apply for registration of a company on the basis of the information in this form. I / we have the necessary written consents and agreements referred to in the application concerning the member and officeholders and I / we shall give the consents and agreements to the company after the company becomes registered. The information provided in this application and in any annexure is true and correct at the time of signing.</p>	<p>Accepted / Not Accepted (cannot proceed with your application if circled 'Not Accepted')</p>																												
<input type="checkbox"/>	<p>Payment Details –</p> <p>Please fill in the credit card authority section for making payment by Credit Card</p>	<p>Visa Card / MasterCard / American Express (circle one)</p> <p>Name on Credit Card _____</p> <p>Credit Card Number</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <table border="1" style="width: 100%; height: 80px;"> <tr> <td style="width: 33%;">Expiry Date</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 37%;">CVV Number</td> </tr> <tr> <td></td> <td style="text-align: center;">(month)</td> <td style="text-align: center;">(Year)</td> <td></td> </tr> </table> <p>I authorise Deed Dot Com Dot Au Pty Ltd to debit my credit card every Week / Fortnight / Monthly / On completion of ____ orders for our orders placed on Trustdeed.com.au website.</p> <p>_____</p> <p><i>Signature of card holder</i></p>																					Expiry Date			CVV Number		(month)	(Year)	
Expiry Date			CVV Number																											
	(month)	(Year)																												

<input type="checkbox"/>	Name of Applicant Signature of Applicant	<hr/> <hr/>
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Please return this duly filled in and signed Order Form by Fax to (02) 9638 3060 or email to sales@trustdeed.com.au. For any queries, have instant chat with our support team on our website <http://www.trustdeed.com.au> or call (02) 9684 4199.