

CORPORATE REPRESENTATIVES PTY LTD A.C.N. 000 540 741

Suite 107, 2 – 4 Clarke Street, Crows Nest, N.S.W., 2065

PH: 9437-5344 Fax: 9436-0025 DX: 9528 Crows Nest

FOREIGN COMPANY ORDER FORM

Company Name: _____

Local Director/s (if any):

1. Director Y/N Secretary Y/N Public Officer Y/N

Full Name: _____
(Given Name) (Surname)

Address: _____

Date of Birth: _____ Place of Birth: (City/Country) _____

2. Director Y/N Secretary Y/N Public Officer Y/N

Full Name: _____
(Given Name) (Surname)

Address: _____

Date of Birth: _____ Place of Birth: (City/Country) _____

3. Director Y/N Secretary Y/N Public Officer Y/N

Full Name: _____
(Given Name) (Surname)

Address: _____

Date of Birth: _____ Place of Birth: (City/Country) _____

Local Agent

Full Name: _____
(Given Name) (Surname)

Address: _____

Date of Birth: _____ Place of Birth: (City/Country) _____

Registered Office(Local):

Address: _____

Occupier's Name: _____

Principal Business Office(Local):

Ordered By:

Name: _____
(Contact Name) (Firm Name)

Address: _____

Signature: _____ Phone No.: _____ DX: _____

Payment Details:

Bankcard / Mastercard / Visa (*please circle*) Number: _____ Expiry: _____
Name: _____

Direct Deposit (Account details below. Please fax confirmation)

Corp Reps A/c Number: 032 298 112 908, Westpac, 31 Willoughby Road, Crows Nest, NSW)

Bank Cheque Cash

Delivery Details: (*please indicate*)

Personal Collection Courier DX