



The Incorporation People

A division of Corporate Representatives
Pty Limited ABN 85 000 540 741

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CORPORATE SECRETARIAL ORDER FORM

COMPANY NAME				ACN			
SHAREHOLDERS / OFFICERS AFTER CHANGE	Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/>			Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/>			
	Full name <small>(given name/s) (surname)</small>			Full name <small>(given name/s) (surname)</small>			
	Address		Postcode	Address		Postcode	
	Date of birth		Place of birth (City/State/Country)	Date of birth		Place of birth (City/State/Country)	
	Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/>			COMPANY – SHAREHOLDER			
	Full name <small>(given name/s) (surname)</small>			Company name			
	Address		Postcode	Address		Postcode	
Date of birth		Place of birth (City/State/Country)	A.C.N.				
SHAREHOLDERS / OFFICERS RESIGNING / TRANSFERRING SHARES	CEASING AS:			CEASING AS:			
	Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/>			Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/>			
	Full name <small>(initials) (surname)</small>			Full name <small>(initials) (surname)</small>			
	Transferee <small>(initials) (surname)</small>			Transferee <small>(initials) (surname)</small>			
	No. & class of shares		Cancelled Cert. №	No. & class of shares		Cancelled Cert. №	
	Amount payable on Allotment/Transfer \$			Amount payable on Allotment/Transfer \$			
	CEASING AS:			CEASING AS:			
	Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/>			Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/>			
	Full name <small>(initials) (surname)</small>			Full name <small>(initials) (surname)</small>			
	Transferee <small>(initials) (surname)</small>			Transferee <small>(initials) (surname)</small>			
No. & class of shares		Cancelled Cert. №	No. & class of shares		Cancelled Cert. №		
Amount payable on Allotment/Transfer \$			Amount payable on Allotment/Transfer \$				

Enclosed:

a) Copy of existing Constitution (M&A's)

b) Copy of last Annual Return (including notification of any subsequent changes)

c) Cheque in favour of “**Corp Reps**” as calculated below:

Adoption of Constitution (\$154.00 incl. GST)

Appointments/Resignations of Officeholders (_____ @ \$33.00 each)

Transfer of Shareholdings (_____ @ \$33.00 each)

TOTAL \$ _____

Amendment of existing Constitution (M&A's) (Price on application)

ORDERED BY	PAYMENT DETAILS
Company name	<input type="checkbox"/> Bankcard <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa Number
Contact name	Expiry date Name
Address	<input type="checkbox"/> Direct deposit <i>(Account details below. Please fax confirmation)</i> CorpReps BSB 062287 A/c No. 10282947 Commonwealth Bank, Brookvale, NSW
Phone/Fax	<input type="checkbox"/> Bank cheque <input type="checkbox"/> Cash
DELIVERY DETAILS	
Personal collection <input type="checkbox"/> Courier <input type="checkbox"/>	Please note: <i>The person placing the order is responsible for payment of the account</i>