



**The Incorporation People**  
A division of Corporate Representatives  
Pty Limited ABN 85 000 540 741

37 Gondola Road  
North Narrabeen NSW 2101

**Ph: 02 9999 3000**  
Fax: 02 9970 5814

**www.corpreps.com.au**  
jandrews@corpreps.com.au

## **Deregistration of Unwanted Companies**

**Thank you for your enquiry concerning our Company Deregistration Service.**

The Corporations Law provides that application may be made to deregister a company only if:

- (a) all members agree to the deregistration
- (b) the company is not carrying on business
- (c) the company's assets are worth less than \$1000
- (d) the company has paid all fees due to the ASIC
- (e) the company has no outstanding liabilities (see note) and
- (f) the company is not a party to any legal proceedings.

**Note: Please contact this office if you wish to clarify the interpretation of "Liabilities".**

If a company qualifies for deregistration under the abovementioned provisions and you wish us to arrange to deregister the company please forward the following to this office:

- (a) Completed order form (enclosed).
- (b) Copy of last Company Review (amended for any subsequent changes).

**Please telephone on (02) 9999 3000 if you wish to discuss  
any aspect of Deregistration.**

**We look forward to being of service to you.**



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## DEREGISTRATION OF DEFUNCT COMPANY ORDER FORM

**Company Name:** \_\_\_\_\_

**A.C.N.:** \_\_\_\_\_

**Applicant** (being the director or secretary who will be authorised to sign the application)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**Other Members** (full names) (Not required if as per enclosed (a).)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Enclosed:**

- (a) Copy of last Company Review (including notification of any subsequent changes)
- (b) Cheque for **\$261** (incl. GST) in favour of Corp Reps.

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