



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

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 (\$187.00 incl. GST)
 - Appointments/Resignations of Officeholders (_____ @ \$44.00 each)
 - Transfer of Shareholdings (_____ @ \$44.00 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 <input type="checkbox"/> Approved client account number
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>