



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
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Incorporation of Company Limited by Guarantee

**Thank you for your enquiry concerning the arranging of the incorporation of
a Company Limited by Guarantee.**

The information which we will require to enable us to complete the required documentation should be set out on the enclosed Order Form along with a "Statement of Objects" setting out the aims of the company and returned to us to prepare the incorporation papers.

Please note that the company will require a promoter (or member), three directors and one secretary, who may also be one of the directors. At least two directors and one secretary must be resident in Australia.

Upon receipt of the abovementioned information we will complete and forward the required documentation to you for execution.

**Please telephone on (02) 9999 3000
if you wish to discuss any aspect of the arranging of the incorporation of
a Company Limited by Guarantee**



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COMPANY LIMITED BY GUARANTEE ORDER FORM

Company name
Existing business name proprietor's ABN (if identical to the above Company name)
Type of company <input type="checkbox"/> Limited by guarantee <input type="checkbox"/> Limited by guarantee (under Section 150)

MEMBERS / OFFICERS

Director <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/>	Director <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/>
Full name (given name/s) (surname)	Full name (given name/s) (surname)
Address Postcode	Address Postcode
Date of birth Place of birth (City/State/Country)	Date of birth Place of birth (City/State/Country)
Director <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/>	Director <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/>
Full name (given name/s) (surname)	Full name (given name/s) (surname)
Address Postcode	Address Postcode
Date of birth Place of birth (City/State/Country)	Date of birth Place of birth (City/State/Country)
Director <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/>	Public officer <input type="checkbox"/>
Full name (given name/s) (surname)	Full name (given name/s) (surname)
Address Postcode	Address Postcode
Date of birth Place of birth (City/State/Country)	Date of birth Place of birth (City/State/Country)
COMPANY – MEMBER	COMPANY – MEMBER
Company name	Company name
Address Postcode	Address Postcode
A.C.N.	A.C.N.

Other details required:

- 1) Amount of guarantee per Member \$ _____
- 2) Entry fee \$ _____
- 3) Annual fee \$ _____
- 4) Due date each year of annual fee _____
- 5) Number of Members to constitute a quorum
(Members Meeting) _____
- 6) Number of Directors to constitute a quorum
(Directors Meeting) _____

STATEMENT OF OBJECTS	<input type="checkbox"/> SEE BELOW	<input type="checkbox"/> SEE ATTACHED

COMPANY ADDRESSES		PAYMENT DETAILS	
Registered office	Postcode	THIS SECTION MUST BE COMPLETED PRIOR TO INCORPORATION OF THE COMPANY	OFFICE USE ONLY
Occupier's name (if other than company)			Order approved
Principal business office	Postcode		

ORDERED BY		<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.
Company name		
Contact name		
Address	Postcode	
Phone	Fax	
DELIVERY DETAILS		Please note: The person placing the order is responsible for payment of the account
Personal collection <input type="checkbox"/>	Courier <input type="checkbox"/>	