

CHANGE OF COMPANY NAME – ORDER FORM

EXISTING COMPANY NAME: **ACN:**

NEW COMPANY NAME:

2nd Choice.....

Is the name the same as an existing Business Name YES NO
 If yes, a declaration under Section 147 (Corporations Act) is required: (Contact DGA)

PROPOSED RESOLUTION DATE:

REGISTERED OFFICE (Address):

.....

DIRECTORS (Full Names & address please): (Please Tick)

1 Shareholder:

2 Shareholder:

3 Shareholder:

4 Shareholder:

MEMBERS who are not directors (Full Names and address please):

1

2

3

4

ADDITIONAL NOTES AND/OR INSTRUCTIONS:

.....

Disclaimer – We do not provide legal, accounting, financial or stamp duty advice and therefore take no responsibility for your taxation, legal or other liabilities which may arise from the work we perform on your instructions. We urge you to first obtain legal and accounting advice in relation to your affairs and in particular this transaction.

APPLICANT DETAILS (FIRM):

CONTACT PERSON: **PH:** **FAX:**

FULL ADDRESS:

EMAIL: **SIGNATURE:** **DATE:**/..../.....

PAYMENT REQUIRED WITH ORDER

Amount \$.....

Direct Deposit / EFT

Bank/Branch: ANZ Grenfell St Adelaide BSB: 015-010 Account: 9002 61003 Date Deposited/Transferred/..../.....

MasterCard

Visa

Card Number:..... Expiry Date:.....

Name of Cardholder:..... Signature:.....