

# Order form: Company

For a **public company limited by guarantee**, please [click here](#).

## The Castle difference

Opt in

At Castle, we pride ourselves on the service we provide and the value we can add to you and your clients. If you tick the 'opt in' box, we will contact you if we have any suggestions or questions about any information you have entered in the form. If you would prefer for your order to be processed exactly as you have entered below, please do not tick the box. However, if we believe something is incorrect in your form, we will contact you to discuss it.

## Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

## Choose your package – PDFs included with all packages

**Electronic** Email delivery of all documents relevant to this package in PDF.

**Standard** All documents relevant to this package printed and inserted in a folder with 6 dividers and 2 bound constitutions.

**Premium** All documents printed and inserted in a folder with 12 dividers and 4 bound constitutions.

Presented in:-

White Folder

White Folder with Slip Case

Black Folder

Black Folder with Vertical Holder

Black Folder with Box and Lid

## Additional order requirements

Please tick your additional requirements

Apply for an ABN – complete [ABN application form](#) (additional fee of \$220 applies)

Common Seal (additional fee applies - \$33 for Premium & Standard packages; \$44 for Electronic packages)

CAS file

Please note

Prices shown on our price lists are for standard products only. Any customisation, large numbers of parties and any non-standard features will attract an additional fee.

## Delivery

Required delivery date

ASAP  Specific date

Please provide specific date

Delivery address

Street address preferred

Firm address (listed above)

Other address

Please provide other address

## Payment – The options to pay in 14 or 30 days are only available for approved clients

Pay now

Cheque

Please make cheques payable to: Castle Corporate Pty Ltd.

Credit card

Please complete a [Credit Card Authorisation form](#) and return with this form.

Bank deposit

Account details:

BSB: 083-419, Account: 66332-9114

Please provide reference you will use for direct deposit

Pay as per our [Enduring Credit Card Authorisation](#)

Pay in 30 days – **An additional \$66 charge applies.**

I, the person named above, agree to pay Castle for this order within 30 days of the invoice date

## Declaration

By submitting this form to Castle Corporate Pty Ltd, in accordance with the *Corporations Act 2001* (Cth), I warrant and declare that all statements made and all details shown in this order form are true and correct and that all persons named in this order form have consented in writing to their appointment as a director, secretary or shareholder (as relevant). I indemnify Castle Corporate Pty Ltd for any and all loss suffered as a result of my breach of the aforesaid warranty.

**Company details**

Company name  
 (Please enter the name exactly as you would like it to appear)

Existing business name  Yes  No

Registration jurisdiction  VIC  NSW  QLD  SA  WA  NT  TAS  ACT

Registration date  ASAP  Future date

Standard

Shelf company – date for transfer of control

Sole purpose as trustee for superannuation fund  
 Weighted voting  Non-weighted voting (If neither option is selected, we will assume 'Non-weighted voting')

Professional practice (special constitution required)   
 Architect  CPA  ICA  Other  
 LIV  
 Client to provide constitution (no additional charge)  
 Castle constitution for an Incorporated Legal Practice (ILP) (additional charge of \$55.00)  
 LIV constitution with the ILP Kit – Client to obtain ILP Kit from LIV (Client to pay the LIV fees)

Public company limited by shares (for profit) – **please complete Schedule A**.

For a public company limited by guarantee (for Not-for-profit), please [click here](#)

**Company address**

Registered office  
 Australian street address only  Firm address (as provided on page 1)  Other address

Will the new company occupy this office?  Yes  No  
 Firm (as provided on page 1)  Other

Principal place of business  
 Australian street address only  Registered office  Other address

Where will the meeting be held?  Principal place of business  Via teleconference  Other address

**Officer and owner details**

**Individual 1 – must be a director**

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name

Address  
 Must be residential

**Officer details**

Office held  Director  Secretary  Public officer

Date of birth  Place of birth

**Shareholder details**

Is the shareholder over 18 years old  Yes  No

No of shares  Class of shares  Ordinary  Other

Amount paid per share  \$1  Other  Amount owing per share  Nil  Other

Shares are held  For the benefit of the holder   
 Jointly   
 In trust for another entity

Additional parties (if a company, please go to page 5)

**Individual 2**

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name

Address

**Officer details**

Office held  Director  Secretary  Public officer

Date of birth  Place of birth

**Shareholder details**  Yes  No

No of shares  Class of shares  Ordinary  Other

Amount paid per share  \$1  Other  Amount owing per share  Nil  Other

Shares are held  For the benefit of the holder  Jointly   In trust for another entity

**Individual 3**

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name

Address

**Officer details**

Office held  Director  Secretary  Public officer

Date of birth  Place of birth

**Shareholder details**  Yes  No

No of shares  Class of shares  Ordinary  Other

Amount paid per share  \$1  Other  Amount owing per share  Nil  Other

Shares are held  For the benefit of the holder  Jointly   In trust for another entity

**Individual 4**

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name

Address

**Officer details**

Office held  Director  Secretary  Public officer

Date of birth  Place of birth

**Shareholder details**  Yes  No

No of shares  Class of shares  Ordinary  Other

Amount paid per share  \$1  Other  Amount owing per share  Nil  Other

Shares are held  For the benefit of the holder  Jointly   In trust for another entity

**Individual 5**

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name

Address

**Officer details**

Office held  Director  Secretary  Public officer

Date of birth  Place of birth

**Shareholder details**  Yes  No

No of shares  Class of shares  Ordinary  Other

Amount paid per share  \$1  Other  Amount owing per share  Nil  Other

Shares are held  For the benefit of the holder  Jointly   In trust for another entity

**Additional parties Companies**

**Company 1**

Company Name  ACN

Address

Number of directors  One – advise full name to the right  
 Two or more directors - names not required

**Shareholder details**

No of shares  Class of shares  Ordinary  Other  Other – please specify

Amount paid per share  \$1  Other  Other – please specify \$ Amount owing per share  Nil  Other  Other – please specify \$

Shares are held  For the benefit of the holder  
 In trust for another entity  Please provide names

**Company 2**

Company Name  ACN

Address

Number of directors  One – advise full name to the right  
 Two or more directors - names not required

**Shareholder details**

No of shares  Class of shares  Ordinary  Other  Other – please specify

Amount paid per share  \$1  Other  Other – please specify \$ Amount owing per share  Nil  Other  Other – please specify \$

Shares are held  For the benefit of the holder  
 In trust for another entity  Please provide names

**Additional information – Use this space to provide any other information that may help us to complete your order.**