

## Order form: Capital Restructure

### Important information

Please provide us with the most recent annual company statement or an up-to-date ASIC search when submitting this order form. Alternatively, we can provide you with a search for an additional fee.

Please tick which of the following you will provide with this order form:-

- Company search  
 ASIC or CAS Company download  
 Up-to-date ASIC annual statement  
 None of the above: –Castle to complete search on your behalf **(additional fees apply)**  
 Company's Constitution or Memorandum

Note:

- Information provided should be correct as at date of change.
- We cannot proceed without this information.**

### Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

### 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

PDF required

- Yes  No

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

Pay now

- Cheque  
 Credit card  
 Bank deposit

Please make cheques payable to: Castle Corporate Pty Ltd.

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

Account details:

BSB: 083-419, Account: 66332-9114

Please provide reference you will use for direct deposit

Pay in 14 days with our [Enduring Credit Card Authorisation](#)

Pay in 30 days – 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* (C'th), 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

Company ACN

ASIC corporate key number  
8 digits found on annual statement

Preferred lodgement date of first form with ASIC

Number of last share certificate issued

**Meeting information**

Address for meetings (if not principle place of business)

**Board meeting information**

Chair of board meetings

Will all directors attend the board meeting?  Yes  No – please specify which directors will **not** attend:

**General meeting information**

Chair of general meeting Same as chair of board meetings?  Yes  No – please specify:

Do all classes of shares issued have the right to vote at a general meeting?  Yes  No – please specify which classes do **not** have the right to vote:

General meeting attendance  All voting members will attend in person  
 Absent voting members will appoint a proxy  Yes– provide below  No

**If proxies are to be appointed, please complete table below:**

Name of member	Name of proxy	If member is a company:		
		Multiple director*	Sole director**	If sole director company, provide director's name:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

\* Names not required  
 \*\* Full name of sole director to be provided in last column

**New share capital structure**

Please complete the table below to reflect the new share capital structure **after** the share buyback is completed.

Share class	Number issued	Total issued capital paid on these shares	Total issued capital unpaid on these shares
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Share classes**

Please list all required share classes to be included in the new company constitution in the following table. These may be existing share classes for which the rights are changing, or new share classes that need to be created. You may give classes of shares any name you wish.

- Vote:** Right to receive notice of, attend and vote at all general meetings.
- Dividends:** Right to receive dividends declared out of the profits or reserves of company.
- Return of capital:** In winding up of the company or upon reduction of capital of the company, right to receive repayment of capital.
- Share in surplus:** In winding up of the company or upon reduction of capital of company, right to participate in division of surplus assets.
- Appoint & resign directors:** Right to appoint and resign directors of company.

<b>Rights</b>						
Name of class	Vote	Dividends	Return of capital	Share in surplus on winding up	Appoint/ resign directors	Other
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Allotments - New shares issued by the company**

**Allotment 1**

Individual

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name

Address

Corporate

Company Name  ACN

Address

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

**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

**Allotment 2**

Individual

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name

Address

Corporate

Company Name  ACN

Address

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

**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

**Allotment 3**

Individual

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name

Address

Corporate

Company Name  ACN

Address

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

**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

**Allotment 4**

Individual

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name

Address

Corporate

Company Name  ACN

Address

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

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

A large, empty rectangular box with a thin black border, intended for providing additional information to complete an order.