

Order form: Corporate registry services

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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Firm name | Email address | |
| <input type="text"/> | <input type="text"/> | |
| Firm address | | |
| <input type="text"/> | | |

Delivery

| | |
|--|--|
| Required delivery date | <input type="checkbox"/> ASAP <input type="checkbox"/> Specific date: <input type="text"/> |
| PDF required | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Delivery address Street address preferred | <input type="text"/> |

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

| | |
|--|--|
| <input type="checkbox"/> Cheque | Please make cheques payable to: Castle Corporate Pty Ltd. |
| <input type="checkbox"/> Pay now | <input type="checkbox"/> Credit card Please complete a Credit Card Authorisation form and return with this form. <input type="checkbox"/> Bank deposit Account details: NAB, BSB: 083-419, Account: 66332-9114 |
| <input type="checkbox"/> Pay in 14 days with our Enduring Credit Card Authorisation . | |
| <input type="checkbox"/> Pay in 30 days – I, the person named above, agree to pay Castle for this order within 30 days of the invoice. | |

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 shown in this order form to be appointed as an officer or to acquire shares have consented in writing to the changes I have requested in this document (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 | <input type="text"/> | |
| Company ACN | <input type="text"/> ASIC corporate key 8 digit number from ASIC company statement | <input type="text"/> |
| Date of change | <input type="text"/> | ASIC must be advised of changes within 28 day to avoid late ASIC filing penalties. |
| Address for meetings | <input type="text"/> | |
| Name of chairman | <input type="text"/> | |
| ASIC form signatory | <input type="checkbox"/> Chairman <input type="checkbox"/> Other: | <input type="text"/> |

| | | | |
|------------------------|---|-------------------|--|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify: | | |
| Given name(s) | <input type="text"/> | Surname | <input type="text"/> |
| *Address - Residential | <input type="text"/> | | |
| *Date of birth | <input type="text"/> | *Place of birth | Town <input type="text"/> State (country if not Australia) <input type="text"/> |
| Action | <input type="checkbox"/> Appoint <input type="checkbox"/> Resign | To/from office of | <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Public officer |

| | | | |
|------------------------|---|-------------------|--|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify: | | |
| Given name(s) | <input type="text"/> | Surname | <input type="text"/> |
| *Address - Residential | <input type="text"/> | | |
| *Date of birth | <input type="text"/> | *Place of birth | Town <input type="text"/> State <input type="text"/> |
| Action | <input type="checkbox"/> Appoint <input type="checkbox"/> Resign | To/from office of | <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Public officer |

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|------------------------|---|-------------------|--|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify: | | |
| Given name(s) | <input type="text"/> | Surname | <input type="text"/> |
| *Address - Residential | <input type="text"/> | | |
| *Date of birth | <input type="text"/> | *Place of birth | Town <input type="text"/> State (country if not Australia) <input type="text"/> |
| Action | <input type="checkbox"/> Appoint <input type="checkbox"/> Resign | To/from office of | <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Public officer |

| | | | |
|------------------------|---|-------------------|--|
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| Given name(s) | <input type="text"/> | Surname | <input type="text"/> |
| *Address - Residential | <input type="text"/> | | |
| *Date of birth | <input type="text"/> | *Place of birth | Town <input type="text"/> State (country if not Australia) <input type="text"/> |
| Action | <input type="checkbox"/> Appoint <input type="checkbox"/> Resign | To/from office of | <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Public officer |

Sole officer/member company

| | | |
|--|--|---|
| Does your company's constitution allow for a sole director and/or a sole member? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, your constitution will need to be updated before your company becomes a sole officer/member company. Please see our Adoption of new constitution order form . |
|--|--|---|

Change of company address(es)

| | |
|---|--|
| Change address of registered office (Street address only) | <input type="checkbox"/> Firm address (as provided on page 1) <input type="checkbox"/> Other address: |
| Will the new company occupy this office? | <input type="checkbox"/> Yes <input type="checkbox"/> No – provide occupier's name: |
| Change address of principal place of business (Street address only) | <input type="checkbox"/> Same as registered office <input type="checkbox"/> Other address: |

Change of member/officer address

| | | | |
|---|-----------------------------------|------------------------------------|---|
| Member/Officer given name(s) | <input type="text"/> | Surname | <input type="text"/> |
| New address <small>Officers must provide</small> | <input type="text"/> | | |
| Position held | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | <input type="checkbox"/> Public officer <input type="checkbox"/> Member |

| | | | |
|---|-----------------------------------|------------------------------------|---|
| Member/Officer given name(s) | <input type="text"/> | Surname | <input type="text"/> |
| New address <small>Officers must provide</small> | <input type="text"/> | | |
| Position held | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | <input type="checkbox"/> Public officer <input type="checkbox"/> Member |

Transfer 1

| Seller | | Buyer | | Share information | |
|-------------------------------|---|-------------------------------|---|-----------------------|--|
| Title For individual | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other: | Title For individual | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other: | New share cert no | |
| Name Individual or company | | Name Individual or company | | No of shares | |
| ACN For company | | ACN For company | | Class of shares | <input type="checkbox"/> Ordinary <input type="checkbox"/> Other: |
| Address | | Address | | Amount paid per share | <input type="checkbox"/> \$1 <input type="checkbox"/> Other: \$ |
| Shares are held | <input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity – name of entity: | Shares are held | <input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity – name of entity: | | |

Transfer 2

| <input type="checkbox"/> New seller – complete details below or <input type="checkbox"/> Seller from transfer 1 | | <input type="checkbox"/> New buyer – complete details below or <input type="checkbox"/> Buyer from transfer 1 | | Share information | |
|--|---|--|---|-----------------------|--|
| Title For individual | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other: | Title For individual | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other: | New share cert no | |
| Name Individual or company | | Name Individual or company | | No of shares | |
| ACN For company | | ACN For company | | Class of shares | <input type="checkbox"/> Ordinary <input type="checkbox"/> Other: |
| Address | | Address | | Amount paid per share | <input type="checkbox"/> \$1 <input type="checkbox"/> Other: \$ |
| Shares are held | <input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity – name of entity: | Shares are held | <input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity – name of entity: | | |

Transfer 3

| <input type="checkbox"/> New seller – complete details below or <input type="checkbox"/> Seller from transfer 1 or <input type="checkbox"/> Seller from transfer 2 | | <input type="checkbox"/> New buyer – complete details below or <input type="checkbox"/> Buyer from transfer 1 or <input type="checkbox"/> Buyer from transfer 2 | | Share information | |
|---|---|--|---|-----------------------|--|
| Title For individual | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other: | Title For individual | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other: | New share cert no | |
| Name Individual or company | | Name Individual or company | | No of shares | |
| ACN For company | | ACN For company | | Class of shares | <input type="checkbox"/> Ordinary <input type="checkbox"/> Other: |
| Address | | Address | | Amount paid per share | <input type="checkbox"/> \$1 <input type="checkbox"/> Other: \$ |
| Shares are held | <input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity – name of entity: | Shares are held | <input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity – name of entity: | | |

Allotments - New shares issued by the company

If details for a party have been previously stated in the form, simply fill in the party's name.

Allotment 1 **Individual**Title Mr Mrs Ms Miss Dr Other:

Full name

Address
Residential**OR** **Corporate shareholder**

ACN

Company
name

Address

No of
directors One full name:
 2 or more (names not required)**Share information**

New share cert no

Number of shares

Class of shares

 Ordinary
 Other:Amount paid
per share \$1
 Other: \$Amount owing
per share \$1
 Other: \$Shares
are held For the benefit of the
holder
 In trust for another
entity – entity name:**Allotment 2** **Individual**Title Mr Mrs Ms Miss Dr Other:

Full name

Address
Residential**OR** **Corporate shareholder**

ACN

Company
name

Address

No of
directors One full name:
 2 or more (names not required)**Share information**

New share cert no

Number of shares

Class of shares

 Ordinary
 Other:Amount paid
per share \$1
 Other: \$Amount owing
per share \$1
 Other: \$Shares
are held For the benefit of the
holder
 In trust for another
entity – entity name:**Allotment 3** **Individual**Title Mr Mrs Ms Miss Dr Other:

Full name

Address
Residential**OR** **Corporate shareholder**

ACN

Company
name

Address

No of
directors One full name:
 2 or more (names not required)**Share information**

New share cert no

Number of shares

Class of shares

 Ordinary
 Other:Amount paid
per share \$1
 Other: \$Amount owing
per share \$1
 Other: \$Shares
are held For the benefit of the
holder
 In trust for another
entity – entity name:**Additional information** – Please use this space to give us any other information that may help us to complete your order.