Company name





	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								
	 Information provided sho We cannot proceed with 		•				_		
	Order placed by Your name				Telephone		Facsimile		
	Tour manne			Γ	тетерпопе		racsimile		
				L					
ı	Firm name			Г	Email addre	ess			
ı	Firm address								
	Payment – The options to	pay in 14 or 30	days are only availa	abl	le for appro	ved clients			
	_	Cheque	Please make cheques p						
	☐ Pay now ☐	Credit card		dit	Card Authorisa	tion form and return wi	th this form. rence you will use fo	or direct deposit	
		Bank deposit	Account details: BSB: 083-419, Account	t: 6	6332-9114	riease provide rele	rence you will use it	or unect deposit	
	☐ Pay in 14 days with ou	r <u>Enduring Cred</u>	it Card Authorisation	<u>n</u>					
	☐ Pay in 30 days – I, the	person named a	bove, agree to pay	Ca	stle for this	order within 30 day	s of the inv	oice date	
	Declaration							1	
	By submitting this form to in this order form are tru- appointment as a Truste suffered as a result of my	e and correct and e and/or Unitho	d that all persons n older (as relevant).	an	ned in this o	rder form have co	nsented in v	vriting to their	
	Change details Current name of								
	company/association					Date of Change	/	/	
	Company ACN/ Registration	on Number							
	Address where meetings are held		I place of business conference	er	address	Please	provide other addre	ess	
	Current Status of company □ Proprietary limited □ Public – limited by shares □ Public – limited by guarantee □ Incorporated Association								
	Change Status to Proprietary limited Public – limited by shares Public – limited by guarantee Incorporated Association								

Party Details								
Individual 1								
Title	□ Mr □ Mrs □ N	∕ls □ Mis	s 🗆 Dı	· □ Other		Other	– please specify	
Name	Given n	ame(s)				Surname		
Address Must be residential								j
Office held								
Date of birth		Place	of birth		City	S	tate (Country if not Australia)	
If changing to incorpo	rated association or limite	ed by guara	ntee:					
Is the party a member	? □ Yes □ No							
Shareholder details: R	equired if changing to pro	oprietary lin	nited or lii	mited by sha	res			
No of shares		Class o	f shares	☐ Ordinary	y 🗆 Oth	er	Other – please specify	
Amount paid per share	□ \$1 □ Other	Other – please sp	Amo	ount owing share	□ Nil [□ Other	Other – please specify	
	☐ For the benefit of th	e holder						_
Shares are held	☐ Jointly				Please prov	ide names		
	☐ In trust for another (entity			Please prov	ide names		
Individual 2								
Title	□ Mr □ Mrs □ N	∕ls □ Mis	s 🗆 Dı	□ Other		Other	– please specify	
Name	Given n	ame(s)				Surname		
Address Must be residential				'				j
Office held								
Date of birth		Place	of birth		City	S	tate (Country if not Australia)	
If changing to incorpo	rated association or limite	ed by guara	ntee:					
Is the party a member	? □ Yes □ No							
Shareholder details: R	equired if changing to pro	oprietary lin	nited or lii	mited by sha	res		Other – please specify	
No of shares		Class o	f shares	☐ Ordinary	y 🗆 Oth	er	Other – please specify	
Amount paid per share	□ \$1 □ Other	Other – please sp	Amo	ount owing share	□ Nil [□ Other	Other – please specify	
	☐ For the benefit of th	e holder						
Shares are held	☐ Jointly				Please prov	ide names		
	☐ In trust for another o	entity			Please prov	ide names		

Individual 3							
Title		Ms	is □ Di	. D Othor		Othe	er – please specify
Title	☐ Mr ☐ Mrs ☐ I	Ms □ Mis	S LI DI	· □ Other			
Name	Given r	name(s)				Surname	
Address Must be residential							
Office held							
]			City		State (Country if not Australia)
Date of birth		Place	of birth				
If changing to incorpo	rated association or limit	ed by guara	ntee:				
Is the party a member	? □ Yes □ No						
Shareholder details: R	equired if changing to pr	oprietary lin	nited or li	mited by sha	ires		
No of shares		Class o	f shares	☐ Ordinar	y 🗆 Otl	her	Other – please specify
Amount naid		Other – please sp	ecify	ount owing			Other – please specify
Amount paid per share	□ \$1 □ Other		per	ount owing share	□ Nil	☐ Other	
	☐ For the benefit of th	ne holder					
					ovide names		
Shares are held	☐ Jointly						
	Please provide names In trust for another entity						
Individual 4							
	□ Mr □ Mrs □ N	Ms □ Mis	l s □ Di	· 🗆 Other		Othe	er – please specify
Individual 4 Title	☐ Mr ☐ Mrs ☐ N		ss 🗆 Di	- □ Other			er — please specify
	☐ Mr ☐ Mrs ☐ N		ss 🗆 Dı	Other		Othe	er — please specify
Title Name			s 🗆 Di	- □ Other			er — please specify
Title			ss 🗆 Di	- □ Other			er – please specify
Title Name Address			ss 🗆 Di	- □ Other			er – please specify
Title Name Address Must be residential Office held		name(s)		- □ Other	City	Surname	er – please specify State (Country if not Australia)
Title Name Address Must be residential Office held Date of birth	Given r	Place	of birth	- □ Other		Surname	
Title Name Address Must be residential Office held Date of birth If changing to incorpo	Given r	Place	of birth	Other		Surname	
Title Name Address Must be residential Office held Date of birth If changing to incorpools to the party a member	rated association or limit Yes No	Place	of birth ntee:		City	Surname	
Title Name Address Must be residential Office held Date of birth If changing to incorpools to the party a member	Given r	Place	of birth ntee:		City	Surname	
Title Name Address Must be residential Office held Date of birth If changing to incorpools to the party a member	rated association or limit Yes No	Place red by guara	of birth ntee:		City	Surname	State (Country if not Australia)
Title Name Address Must be residential Office held Date of birth If changing to incorporate in the party a member of shareholder details: Residential in the party and member of shareholder details: Residential in the party and member of shares in the party and member of shareholder details: Residential in the party and member of shareholder details: Residential in the party and member of shares in the party and shares in the party and member of shares in the party and member of shares in the party and member of shares in the party and shares in	rated association or limit ?	Place red by guara	of birth ntee: nited or lii f shares	mited by sha	City rres y	Surname	State (Country if not Australia)
Title Name Address Must be residential Office held Date of birth If changing to incorpools the party a member Shareholder details: R No of shares	rated association or limit Yes No	Place ed by guara oprietary lin	of birth ntee: nited or lii f shares	mited by sha	City rres y	Surname	State (Country if not Australia) Other – please specify
Title Name Address Must be residential Office held Date of birth If changing to incorporate in the party a member of shareholder details: Residential in the party and member of shareholder details: Residential in the party and member of shares in the party and member of shareholder details: Residential in the party and member of shareholder details: Residential in the party and member of shares in the party and shares in the party and member of shares in the party and member of shares in the party and member of shares in the party and shares in	rated association or limit ?	Place Place Place Place Oprietary lim Class O Other – please spe	of birth ntee: nited or lii f shares	mited by sha	City rres y	Surname	State (Country if not Australia) Other – please specify
Title Name Address Must be residential Office held Date of birth If changing to incorporate in the party a member shareholder details: R No of shares Amount paid per share	rated association or limit ?	Place Place Place Place Oprietary lim Class O Other – please spe	of birth ntee: nited or lii f shares	mited by sha	City Ires y	Surname	State (Country if not Australia) Other – please specify
Title Name Address Must be residential Office held Date of birth If changing to incorporate in the party a member of shareholder details: Residential in the party and member of shareholder details: Residential in the party and member of shares in the party and member of shareholder details: Residential in the party and member of shareholder details: Residential in the party and member of shares in the party and shares in the party and member of shares in the party and member of shares in the party and member of shares in the party and shares in	rated association or limit ?	Place Place Place Place Oprietary lim Class O Other – please spe	of birth ntee: nited or lii f shares	mited by sha	City Ires y Otl Nil	Surname her Other	State (Country if not Australia) Other – please specify

Title				. 450 1	o. c		
Name Mr	Individual 5						
Name Address Must be residential Office held Date of birth Place of birth Place of birth Place of birth Place of birth If changing to incorporated association or limited by guarantee: Is the party a member?	Title	□ Mr □ Mrs □ Ms □ N	⁄liss □ Dr □ Other	Other – please specify			
Office held Date of birth Place of birth Other - place specify Other - place specify Place provide names Other - place specify Other - place specify Place provide names Other - place specify Other - place specify Amount owing per share Place of birth Other - place specify Other - place specify Other - place specify Amount owing per share Place or or other names Other - place specify	Name	Given name(s)		Surname			
Date of birth							
Date of birth	Office held						
Is the party a member?	Date of birth	Plac		State (Country if not Australia)			
No of shares		· -	rantee:				
Amount paid per share	Shareholder details: R	equired if changing to proprietary i	limited or limited by shares				
Amount paid per share	No of shares	Class	of shares				
Shares are held	Amount paid per share		Amount owing _				
Shares are held		☐ For the benefit of the holder					
Company 1 Company Name Address Number of directors One – advise full name to the right Two or more directors - names not required Shareholder details: Required if changing to proprietary limited or limited by shares No of shares Class of shares Ordinary Other Other – please specify Please provide names Please provide names	Shares are held	☐ Jointly		Please provide names			
Company Name Address Number of directors One – advise full name to the right Two or more directors - names not required Shareholder details: Required if changing to proprietary limited or limited by shares No of shares Class of shares Ordinary Other — please specify Amount paid per share Other — please specify Please provide names		☐ In trust for another entity		Please provide names			
Address One – advise full name to the right Two or more directors - names not required Shareholder details: Required if changing to proprietary limited or limited by shares No of shares Ordinary Other Other – please specify Amount paid per share \$1 Other Other – please specify Please provide names For the benefit of the holder Please provide names Pl	Company 1						
Number of directors One – advise full name to the right Two or more directors - names not required Shareholder details: Required if changing to proprietary limited or limited by shares No of shares Class of shares Other – please specify Amount paid per share Other – please specify Please provide names Please provide names	Company Name			ACN			
Shareholder details: Required if changing to proprietary limited or limited by shares No of shares Class of shares Class of shares Other – please specify Amount paid per share Other – please specify Please provide names Please provide names	Address						
No of shares Class of shares Ordinary Other – please specify Amount paid per share Shares are held Class of shares Other – please specify Other – please specify Amount owing per share Nil Other Other – please specify Other – please specify Please provide names	Number of directors						
No of shares Class of shares Ordinary Other Amount paid per share Shares are held Class of shares Other-please specify Amount owing per share Nil Other Other-please specify Please provide names	Shareholder details: R	equired if changing to proprietary l	imited or limited by shares				
Amount paid per share	No of shares	С	lass of shares Ordinar				
Shares are held Please provide names	Amount paid per share	☐ \$1 ☐ Other Other	Amount owing per share				
		☐ For the benefit of the holder					
	Shares are held						

	1 450 50.0
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: Re	equired if changing to proprietary limited or limited by shares
No of shares	Class of shares ☐ Ordinary ☐ Other ☐
Amount paid per share	☐ \$1 ☐ Other Other Other Other Dease specify Amount owing per share ☐ Nil ☐ Other Other
	☐ For the benefit of the holder
Shares are held	□ In trust for another entity
Additional informatio	n – Use this space to give us any other information that may help us to complete your order.