

Company name

## Order form: - Change of Status

### 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:

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

### Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

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

- Cheque Please make cheques payable to: Castle Corporate Pty Ltd.
- Pay now  Credit card Please complete a [Credit Card Authorisation form](#) and return with this form.
- Bank deposit Account details: BSB: 083-419, Account: 66332-9114
- 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, 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 Trustee and/or Unitholder (as relevant). I indemnify Castle Corporate Pty Ltd for any and all loss suffered as a result of my breach of the aforesaid warranty.

### Change details

Current name of company/association	<input type="text"/>	Date of Change	<input type="text" value="/"/> <input type="text" value="/"/>
Company ACN/ Registration Number	<input type="text"/>		
Address where meetings are held	<input type="checkbox"/> Principal place of business <input type="checkbox"/> Via teleconference <input type="checkbox"/> Other address	<input type="text" value="Please provide other address"/>	
Current Status of company	<input type="checkbox"/> Proprietary limited <input type="checkbox"/> Public – limited by shares <input type="checkbox"/> Public – limited by guarantee <input type="checkbox"/> Incorporated Association		
Change Status to	<input type="checkbox"/> Proprietary limited <input type="checkbox"/> Public – limited by shares <input type="checkbox"/> Public – limited by guarantee <input type="checkbox"/> Incorporated Association		

**Party Details**

**Individual 1**

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			Other – please specify
Name	Given name(s)		Surname	
Address Must be residential				
Office held				
Date of birth		Place of birth	City	State (Country if not Australia)

*If changing to incorporated association or limited by guarantee:*

Is the party a member?    Yes    No

*Shareholder details: Required if changing to proprietary limited or limited by shares*

No of shares		Class of shares	<input type="checkbox"/> Ordinary <input type="checkbox"/> Other		Other – please specify
Amount paid per share	<input type="checkbox"/> \$1 <input type="checkbox"/> Other	Other – please specify	Amount owing per share	<input type="checkbox"/> Nil <input type="checkbox"/> Other	Other – please specify
Shares are held	<input type="checkbox"/> For the benefit of the holder		Please provide names		
	<input type="checkbox"/> Jointly		Please provide names		
	<input type="checkbox"/> In trust for another entity		Please provide names		

**Individual 2**

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			Other – please specify
Name	Given name(s)		Surname	
Address Must be residential				
Office held				
Date of birth		Place of birth	City	State (Country if not Australia)

*If changing to incorporated association or limited by guarantee:*

Is the party a member?    Yes    No

*Shareholder details: Required if changing to proprietary limited or limited by shares*

No of shares		Class of shares	<input type="checkbox"/> Ordinary <input type="checkbox"/> Other		Other – please specify
Amount paid per share	<input type="checkbox"/> \$1 <input type="checkbox"/> Other	Other – please specify	Amount owing per share	<input type="checkbox"/> Nil <input type="checkbox"/> Other	Other – please specify
Shares are held	<input type="checkbox"/> For the benefit of the holder		Please provide names		
	<input type="checkbox"/> Jointly		Please provide names		
	<input type="checkbox"/> In trust for another entity		Please provide names		

**Individual 3**

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				Other – please specify
	Given name(s)		Surname		
Name					
Address Must be residential					
Office held					
Date of birth		Place of birth	City	State (Country if not Australia)	

*If changing to incorporated association or limited by guarantee:*

Is the party a member?    Yes    No

*Shareholder details: Required if changing to proprietary limited or limited by shares*

No of shares		Class of shares	<input type="checkbox"/> Ordinary <input type="checkbox"/> Other		Other – please specify		
Amount paid per share	<input type="checkbox"/> \$1 <input type="checkbox"/> Other		Other – please specify	Amount owing per share	<input type="checkbox"/> Nil <input type="checkbox"/> Other		Other – please specify
Shares are held	<input type="checkbox"/> For the benefit of the holder		Please provide names				
	<input type="checkbox"/> Jointly		Please provide names				
	<input type="checkbox"/> In trust for another entity		Please provide names				

**Individual 4**

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				Other – please specify
	Given name(s)		Surname		
Name					
Address Must be residential					
Office held					
Date of birth		Place of birth	City	State (Country if not Australia)	

*If changing to incorporated association or limited by guarantee:*

Is the party a member?    Yes    No

*Shareholder details: Required if changing to proprietary limited or limited by shares*

No of shares		Class of shares	<input type="checkbox"/> Ordinary <input type="checkbox"/> Other		Other – please specify		
Amount paid per share	<input type="checkbox"/> \$1 <input type="checkbox"/> Other		Other – please specify	Amount owing per share	<input type="checkbox"/> Nil <input type="checkbox"/> Other		Other – please specify
Shares are held	<input type="checkbox"/> For the benefit of the holder		Please provide names				
	<input type="checkbox"/> Jointly		Please provide names				
	<input type="checkbox"/> In trust for another entity		Please provide names				

**Individual 5**

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				Other – please specify
	Given name(s)		Surname		
Name					
Address Must be residential					
Office held					
Date of birth		Place of birth	City	State (Country if not Australia)	

*If changing to incorporated association or limited by guarantee:*

Is the party a member?  Yes  No

*Shareholder details: Required if changing to proprietary limited or limited by shares*

No of shares		Class of shares	<input type="checkbox"/> Ordinary <input type="checkbox"/> Other	Other – please specify	
Amount paid per share	<input type="checkbox"/> \$1 <input type="checkbox"/> Other	Other – please specify	Amount owing per share	<input type="checkbox"/> Nil <input type="checkbox"/> Other	Other – please specify
	<input type="checkbox"/> For the benefit of the holder			Please provide names	
Shares are held	<input type="checkbox"/> Jointly		Please provide names		
	<input type="checkbox"/> In trust for another entity		Please provide names		

**Company 1**

Company Name		ACN	
Address			
Number of directors	<input type="checkbox"/> One – advise full name to the right <input type="checkbox"/> 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	<input type="checkbox"/> Ordinary <input type="checkbox"/> Other	Other – please specify	
Amount paid per share	<input type="checkbox"/> \$1 <input type="checkbox"/> Other	Other – please specify	Amount owing per share	<input type="checkbox"/> Nil <input type="checkbox"/> Other	Other – please specify
	<input type="checkbox"/> For the benefit of the holder			Please provide names	
Shares are held	<input type="checkbox"/> 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: Required if changing to proprietary limited or limited by shares*

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 give us any other information that may help us to complete your order.**