

Company name

Order form: Change of company name

Order placed by			
Your name		Telephone	
Firm name		Facsimile	
Firm address		Email	
Additional order requirements			
New common seal	<input type="checkbox"/> No <input type="checkbox"/> Yes (additional fee of \$55)	Business Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Company details			
ASIC company search or annual company statement supplied:- <input type="checkbox"/> No <input type="checkbox"/> Yes (you only need to fill in the fields marked with an asterisk *)			
Current name of company		ACN	
Proposed new company name*	Option 1	Option 2	
Where will the meeting be held?	<input type="checkbox"/> Firm address (as above) <input type="checkbox"/> Via teleconference <input type="checkbox"/> Other address		Please provide other address
Director details			
Chairman (Director 1)	Title	Given name(s)	Surname
Director 2	Title	Given name(s)	Surname
Director 3	Title	Given name(s)	Surname
Director 4	Title	Given name(s)	Surname
Shareholder names – Individual or corporate			
Chairman (Member 1)	Title	Given name(s)	Surname
Member 2	Title	Given name(s)	Surname
Member 3	Title	Given name(s)	Surname
Member 4	Title	Given name(s)	Surname
<i>If corporate:</i> Company name		ACN	
Name of proxy			
<i>If corporate:</i> Company name		ACN	
Name of proxy			
Payment			
<input type="checkbox"/> Pay now	<input type="checkbox"/> Cheque <input type="checkbox"/> Credit card <input type="checkbox"/> 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: NAB, BSB: 083-419, Account: 66332-9114	Please provide reference you will use for direct deposit:
<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 date.			