

Company name

Order form: Public company limited by guarantee

For all other types of companies, please fill in the Company order form by [clicking here](#).

The Castle difference

Opt in

At Castle, we pride ourselves on the service we provide and the value we can add to you and your clients. If you tick the 'opt in' box, we will contact you if we have any suggestions or questions about any information you have entered in the form. If you would prefer for your order to be processed exactly as you have entered below, please do not tick the box. However, if we believe something is incorrect in your form, we will contact you to discuss it.

Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

Choose your package – PDFs included with all packages

Electronic Email delivery of all documents in PDF.

Standard All key documents printed and inserted in a folder (with 6 dividers). 2 bound constitutions.

Premium All documents printed and inserted in a folder (with 12 dividers).
4 bound constitutions.

Presented in:-

- White Folder
- White Folder with Slip Case
- Black Folder
- Black Folder with Vertical Holder
- Black Folder with Box and Lid

Additional order requirements

Please tick your additional requirements

Apply for an ABN – complete [ABN application form](#) (additional fee of \$220 applies)

Common Seal (additional fee applies - \$33 for Premium & Standard packages; \$44 for Electronic packages)

Domain names

Castle does not currently offer domain names, but there are many online companies that can sell domain names at a low price. Two popular Australian providers are: www.netregistry.com.au and www.crazydomains.com.au.

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

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

Pay now Cheque Please make cheques payable to: Castle Corporate Pty Ltd.

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

Bank deposit 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 (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 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 <small>(Please enter the name exactly as you would like it to appear)</small>	<input type="text"/>		
Existing business name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration jurisdiction	<input type="checkbox"/> VIC <input type="checkbox"/> NSW <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> WA <input type="checkbox"/> NT <input type="checkbox"/> TAS <input type="checkbox"/> ACT		
Registration date	<input type="checkbox"/> ASAP <input type="checkbox"/> Future date	<input type="text" value="Please provide future date"/>	Guarantee Amount <input type="text" value="\$"/>
Do you require a special purpose company? <small>Charitable companies only</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Company address			
Registered office <small>Australian street address only</small>	<input type="checkbox"/> Firm address (as provided on page 1) <input type="checkbox"/> Other address	<input type="text" value="Please provide other address"/>	
Will the new company occupy this office?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Firm (as provided on page 1) <input type="checkbox"/> Other	<input type="text" value="Provide occupier's name below"/>	
Principal place of business <small>Australian street address only</small>	<input type="checkbox"/> Registered office <input type="checkbox"/> Other address	<input type="text" value="Please provide other address"/>	

Officer and member details – At least three directors, one secretary and one member required

Party 1 – must be a director and an individual			
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	<input type="text" value="Other – please specify"/>	
Name	<input type="text" value="Given name(s)"/>	<input type="text" value="Surname"/>	
Address <small>Must be residential</small>	<input type="text"/>		
Office held	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Public officer		
Date of birth	<input type="text"/>	Place of birth	<input type="text" value="City"/> <input type="text" value="State (Country if not Australia)"/>
Is this person a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Party 2 – must be a director and an individual			
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	<input type="text" value="Other – please specify"/>	
Name	<input type="text" value="Given name(s)"/>	<input type="text" value="Surname"/>	
Address <small>Must be residential</small>	<input type="text"/>		
Office held	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Public officer		
Date of birth	<input type="text"/>	Place of birth	<input type="text" value="City"/> <input type="text" value="State (Country if not Australia)"/>
Is this person a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Party 3 – must be a director and an individual			
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	<input type="text" value="Other – please specify"/>	
Name	<input type="text" value="Given name(s)"/>	<input type="text" value="Surname"/>	
Address <small>Must be residential</small>	<input type="text"/>		
Office held	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Public officer		
Date of birth	<input type="text"/>	Place of birth	<input type="text" value="City"/> <input type="text" value="State (Country if not Australia)"/>
Is this party a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Party 4 – officer/member OR corporate member

Name

Individual
 Mr
 Mrs
 Ms
 Miss
 Dr
 Other

Given name(s)	Surname
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Corporate
 Company Name
 ACN

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

Address
 If an officer, must be residential

Officer details *Only complete if the party is an officer*

Office held
 Director
 Secretary
 Public officer

Date of birth
 Place of birth
 City
 State (Country if not Australia)

Is this party a member?
 Yes
 No

Party 5 – officer/member OR corporate member

Name

Individual
 Mr
 Mrs
 Ms
 Miss
 Dr
 Other

Given name(s)	Surname
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Corporate
 Company Name
 ACN

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

Address
 If an officer, must be residential

Officer details *Only complete if the party is an officer*

Office held
 Director
 Secretary
 Public officer

Date of birth
 Place of birth
 City
 State (Country if not Australia)

Is this party a member?
 Yes
 No

Additional information – Use this space to provide any other information that may help us to complete your order.

Special instructions for a constitution for a public company limited by guarantee.

1. Will you supply the constitution?

- Yes You are not required to complete the remainder of this page. Please email the constitution to castle@castlecorp.com.au with the company name in the subject line.
- No Please complete the remaining questions below.

2. Are the directors to be on rotation?

- Yes Every year Every 2 years Every 3 years Every 4 years
- No

3. What will be a quorum for a general meeting? (Choose one)

- Of all members, at least: one half one third one quarter
- At least _____ [please insert number] members
- Whichever is the smaller between:
 _____ [please insert number] members, or
 _____ [please insert proportion] of the members
- Other – please provide details:

4. What will be a quorum for a board meeting? (Choose one)

- Of all directors, at least: one half one third one quarter
- At least _____ [please insert number] directors
- Whichever is the smaller between:
 _____ [please insert number] directors, or
 _____ [please insert proportion] of the directors
- Other – please provide details:

5. Do you require deductible gift receipt endorsement?

- No
- Yes – please indicate the most appropriate category(choose one):

<input type="checkbox"/> Animal welfare charity	<input type="checkbox"/> Overseas aid fund
<input type="checkbox"/> Charitable service institution	<input type="checkbox"/> Private ancillary fund
<input type="checkbox"/> Cultural organisation	<input type="checkbox"/> Public ancillary fund
<input type="checkbox"/> Environmental organisation	<input type="checkbox"/> Public benevolent institution
<input type="checkbox"/> Health promotion charity	<input type="checkbox"/> Scholarship fund
<input type="checkbox"/> Necessitous circumstances fund	

6. Is the chairman to have a casting vote at general meetings?

- Yes No

7. Is the chairman to have a casting vote at board meetings?

- Yes No

Purposes of company – Please outline the objectives/activities the company will undertake.