

Order form: Australian Registrable Body for Associations

Order placed by

Please Note:- Certified copies of the body's certificate of incorporation and its governing document are required when lodging this application.

Please tick to indicate that you have provided copies of the following documents:

- The body's certificate of incorporation
 The body's governing document

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

Basic order details

Name of Association

Association registration number

Incorporated in

- Vic NSW QLD SA WA NT TAS ACT

Delivery address

- Firm Address
 Other

If Other, please provide a street address and post code in the space below

Body details

Registered office address
(Please provide a physical address)

Will the registered body occupy this office?

- Yes No
 Firm (as provided on page 1) Other

Provide occupier's name below

Office hours

- Open from at least 10am to 12 noon and 2pm to 4pm each business day

Please specify hours below:

- Open at least 3 hours
between 9am and 5pm

Open:

am/pm

Close:

am/pm

Principal place of business address

- Same as registered office
 Other

If other, please detail below:

Payment

- Pay now

- Cheque
 Credit card
 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:

- 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.

Office bearers details		
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	If other, please specify below:
Name	Given names Surname	
Address		
Date of Birth	Place of Birth (town & state if in Australia. Country if overseas)	
Office held	Date of appointment to office	
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	If other, please specify below:
Name	Given names Surname	
Address		
Date of Birth	Place of Birth (town & state if in Australia. Country if overseas)	
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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	If other, please specify below:
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Office held	Date of appointment to office	

Office bearers details (cont...)

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		If other, please specify below:
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	Given names		Surname
Name			
Address			
Date of Birth		Place of Birth (town & state if in Australia. Country if overseas)	
Office held		Date of appointment to office	

Note: If there are more office bearers, please provide their details in the space provided..

Additional information – use this space to give us any other information that may help us to complete your order