Company name			



## Order form: Adoption of new constitution

	er placed by	/						
Your	r name				elephone		Fa	csimile
Firm	name				mail addres	S		
Firm	address							
Pack	cage – choc	se one						
		Includes:			submit the f			On this form, please complete:
	Standard adoption	✓ New consti ✓ Minutes	tution	+ Up-		ng Constitution annual company h/extract		Page 1 & Page 2 only
	Adoption + changes	✓ New consti ✓ Minutes		+ Cor + Up-	npany's existi to-date ASIC	ng Constitution annual company		All relevant sections of the form
Doli		✓ Change off	icers/members	stat	ement/searc	h/extract		the form
Deli		ry data	□ ASAP □ Sr	ocific de	to			
•	uired delive	•	LI ASAP LI S	ecific da	ıe			
	very addres t address prefe							
PDF	required		☐ Constitution	☐ Ent	ire file 🗆	Not required		
Payr	ment - The	options to pay	r in 14 or 30 days a	re only a	vailable for	approved client	s	
		☐ Cheque	Please make o	cheques pa	yable to: Castle	Corporate Pty Ltd.		
П	Pay now	☐ Credit car	rd Please comple	ete a Credit	Card Authorisa	ation form and return	n with this for	m.
	ay non	_	Account data	•				will use for direct deposit:
		☐ Bank dep	OSIT BSB: 083-419	Account: 6	66332-9114			
	Pay in 14 da	ys with our <u>Er</u>	during Credit Card	<u>Authoris</u>	ation_			
	Pay in 30 da	ys – I, the per	son named above,	agree to	pay Castle fo	or this order with	nin 30 days	of the invoice date
Com	npany detai	s						
Com	npany name							
					ASIC corpo	rate key (for cha	inges only)	
ACN					-	nber on annual s		
Date	e of change				ASIC must b	e advised of chang	ges within 28	day to avoid penalties.
Cons	stitution re	quirements						
	oose of adop constitutio		☐ To replace or ☐ To operate wi ☐ To act solely a ☐ Death of a dir ☐ Other	th one di as super f	rector and cund trustee	one member	ntact you to o	f Association  btain additional details)
	Castle's sta		☐ Yes ☐ No					
-		any special pro	ovisions in the new y apply)	□ Y	es 🗆 No		If 'yes', plea	se provide details:
*Plea	<ul><li>allows f</li><li>does no</li><li>does no</li></ul>	t include pre-em	one director and one m otive rights regarding sh to have casting vote at	are allotme				

Meeting information					
Address for meetings (if not principal place of business)					
Board meeting information					
Chair of board meetings					
Will all directors attend the board meeting?	Yes No – please specify	which director	rs will <u>not</u> atten	d:	
<b>General meeting informatio</b>	n				
Chair of general meeting	Same as chair of board meetin	ngs? 🗌 Ye	s 🗆 No-	- please specify:	
Do all classes of shares issued have the right to vote at a general meeting?	☐ Yes ☐ No – please specify	which classes (	do <u>not</u> have the	e right to vote:	
General meeting attendance	☐ All voting members will att ☐ Absent voting members w	=		l Yes □ No	
If proxies are to be appointed	ed, please complete table below				
		Multiple	<i>If me</i> Sole	mber is a company:  If sole director company,	
Name of member	Name of proxy	director	director	provide director's name:	
1					
2					
3					
Complete this section	on if you are ordering a	n adopti	on with	changes	
ASIC form signatory	me as chair of board meetings?	☐ Yes ☐	No – please	e specify:	
ASIC form signatory	me as chair of board meetings?	☐ Yes ☐	No – please	e specify:	
	me as chair of board meetings?			Other Title Please specify	
ASIC form signatory  Changes to officers				Other Title Please specify	
ASIC form signatory  Changes to officers  Title	l Mr □ Mrs □ Ms □ N			Other Title Please specify	
ASIC form signatory  Changes to officers  Title  Name	l Mr □ Mrs □ Ms □ N	∕liss □ D		Other Title Please specify	
ASIC form signatory  Changes to officers  Title  Name  Address – residential  Date of birth	I Mr □ Mrs □ Ms □ N  Given name(s)  Place of bir	∕liss □ D	r Othe	Other Title Please specify Surname	
ASIC form signatory  Changes to officers  Title  Name  Address – residential  Date of birth  Action	I Mr □ Mrs □ Ms □ N  Given name(s)  Place of bir	niss □ D  th □	r Othe	Other Title Please specify  Surname  State (Country if not Australia)  or Secretary Public officer	
ASIC form signatory  Changes to officers  Title  Name  Address – residential  Date of birth  Action	Place of bir  Appoint Resign To/fro	niss □ D  th □	r Othe	Other Title Please specify  Surname  State (Country if not Australia)  or Secretary Public officer	
ASIC form signatory  Changes to officers  Title  Name  Address – residential  Date of birth  Action	Place of bir  Appoint Resign To/fro	niss □ D  th □	r Othe	Other Title Please specify  Surname  State (Country if not Australia)  or Secretary Public officer  Other Title Please specify	
ASIC form signatory  Changes to officers  Title  Name  Address – residential  Date of birth  Action  Title  Name	Place of bir  Appoint Resign To/fro	th Dom office of	r Othe	Other Title Please specify  Surname  State (Country if not Australia)  or Secretary Public officer  Other Title Please specify	
ASIC form signatory  Changes to officers  Title  Name  Address – residential  Date of birth  Action  Title  Name  Address – residential  Date of birth	Place of bir  Mrs Ms N  Given name(s)  Place of bir  Mrs Ms N  Given name(s)  Place of bir	Aliss D  th  om office of  Aliss D	city  City  City  City  City	Other Title Please specify  Surname  State (Country if not Australia)  or Secretary Public officer  Other Title Please specify  Surname	
ASIC form signatory  Changes to officers  Title  Name  Address – residential  Date of birth  Action  Title  Name  Address – residential  Date of birth	Place of bir  Mr	th Dom office of the Dom office of	city  City  City  Director  City	Other Title Please specify  Surname  State (Country if not Australia)  Or Secretary Public officer  Other Title Please specify  Surname  State (Country if not Australia)  Or Secretary Public officer  Other Title Please specify	
ASIC form signatory  Changes to officers  Title  Name  Address – residential  Date of birth  Action  Title  Name  Address – residential  Date of birth  Action	Place of bir    Mr	th Dom office of the Dom office of	city  City  City  Director  City	Other Title Please specify  Surname  State (Country if not Australia)  Or Secretary Public officer  Other Title Please specify  Surname  State (Country if not Australia)  Or Secretary Public officer  Other Title Please specify	
ASIC form signatory  Changes to officers  Title  Name  Address – residential  Date of birth  Action  Title  Name  Address – residential  Date of birth  Changes to officers  Title  Name  Address – residential  Date of birth  Action  Title	Place of bir    Mr	th Dom office of the Dom office of	city  City  City  Director  City	Other Title Please specify  Surname  State (Country if not Australia)  Or Secretary Public officer  Other Title Please specify  Surname  State (Country if not Australia)  Or Secretary Public officer  Other Title Please specify	
ASIC form signatory  Changes to officers  Title  Name  Address – residential  Date of birth  Action  Title  Name  Address – residential  Date of birth  Title  Name  Address – residential  Date of birth  Title  Name  Address – residential  Date of birth  Action	Place of bir    Mr	th Dom office of Aiss D	city  City  City  Director  City	Other Title Please specify  Surname  State (Country if not Australia)  Or Secretary Public officer  Other Title Please specify  Surname  State (Country if not Australia)  Or Secretary Public officer  Other Title Please specify	

	fers – Shares to be sold by one sharehol	lder to another en	tity.		
Transfer 1					
Seller		Buyer		Share inform	ation
Title For individual	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other	Title For individual	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other	New share certificate number	
Name Individual or company		Name Individual or company		Number of shares	
ACN For company		ACN For company		Class of shares	☐ Ordinary ☐ Other:
Address		Address		Amount paid for above parcel of shares	
Shares are held	☐ Beneficially ☐ In trust for another entity  name of entity	Shares are held	☐ Beneficially☐ In trust for another entity  name of entity	-	
Transfer 2					
	ler- complete details below or om transfer 1		er – complete details below or om transfer 1		
Title For individual	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other	Title For individual	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other	New share certificate number	
Name Individual or company		Name Individual or company		Number of shares	
ACN For company		ACN For company		Class of shares	☐ Ordinary ☐ Other:
Address		Address		Amount paid for above parcel of	
Shares are held	☐ Beneficially ☐ In trust for another entity  name of entity	Shares are held	☐ Beneficially☐ In trust for another entity	shares	
Transfer 3					
	ler – complete details below or om transfer 1 or  transfer 2		er – complete details below or om transfer 1 or  transfer 2		
Title For individual	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other	Title For individual	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other	New share certificate number	
Name Individual or company		Name Individual or company		Number of shares	
ACN For company		ACN For company		Class of shares	☐ Ordinary ☐ Other:
Address		Address		Amount paid for above parcel of shares	
	☐ Beneficially		☐ Beneficially		

Title	Address   Class of shares   Ordinary   Other:   ACN   Per share   Shares   Ordinary   Other:   Shares   Ordinary   Other:   Shares   Ordinary   Other:   Shares   Ordinary   Other:   O	Allotment  Individu		Share in	nformati	on
Address Residential  OR  Amount paid per share   Ordinary   Other:    Company   Amount paid per share   Ordinary   Other:    Amount paid per share   Ordinary   Other:    Amount paid per share   Ordinary   Other:    No of directors   One full name: directors   Ordinary   Ordinary    Individual   Ordinary   Ordinary    Share information   Ordinary    OR   Ordinary   Ordinary    Full name   Ordinary    Allotment 2   Ordinary    OR   Ordinary    OR   Ordinary    Ordinary    Full name   Ordinary    OR   Ordinary    OR   Ordinary    O	Address Residential  OR  Amount paid per share   Ordinary other: Shares are held   Ordinary others.  Company   One full name:   Ordinary others.  No of directors   2 or more (names not required)   Ordinary others.  OR  Address   One full name:   Ordinary others.  OR  Amount paid per share   Ordinary others.  Shares are held   Ordinary others.  Shares are held   Ordinary others.  Share information  New share cert no   Ordinary others.  OR  Amount paid   S1   Ordinary others.  OR  Amount paid   S1   Ordinary others.  Class of shares   Ordinary others.  OR  Amount paid   S1   Ordinary others.  Company   Other: Shares   Ordinary others.  OR  Amount paid   S1   Ordinary others.  OR   Ordinary others.  Address   Ordinary others.  OR   Ordinary others.  Shares information  New share cert no   Others.  Shares   Ordinary others.  Ordinary others.  Shares   Ordinary others.  Ordinary others.  Ordinary others.  Ordinary others.  Shares   Ordinary others.  Ordinary others.  Ordinary others.  Shares   Ordinary others.  Ordinary others.  Ordinary others.  Ordinary others.  Ordinary others.  Shares   Ordinary others.	Title	□ Mr □ Mrs □ Ms □ Miss □ Dr □ Other:	New shar	e cert no	
Corporate shareholder	Corporate shareholder	Full name		Number o	of shares	
Corporate shareholder	Corporate shareholder			Class of s	nares	
Company	Company		OR			
Share   No of   One full name:   One full name	Address   No of   One full name:   directors   Cass of shares   Ordinary name   Other:	☐ Corpora	te shareholder ACN			· ·
Address   Share information   Share informatio	Adlotress				hol	der
Allotment 2	Allotment 2	Address		are held		
Individual	Individual					
Title	Title	Allotment	2			
Address Residential  OR    Cass of shares   Ordinary   Other:	Address Residential  OR  OR  Amount paid per share  Company name  Address  No of directors  I lindividual  Title  Mr Mrs Ms Miss Dr Other:  New share cert no  Amount owing stare held  Individual  Class of shares  ACN  Amount owing stare held shares are held  Number of shares  Company name  Address  No of directors  OR  OR  Allotress  Company name  Allotress  OR  Comporate shareholder  ACN  Allotress  Class of shares  Ordinary Other:  OR  Amount paid per share  Ordinary stare held  Amount paid of shares  Ordinary comporate shareholder  OR  Amount paid per share  Ordinary comporate shareholder  ACN  Amount paid per share  Ordinary comporate shareholder  ACN  Amount owing per share  Other: \$  Company name  Address  Address  Class of shares  Ordinary comporate shareholder  ACN  Amount owing per share  Other: \$  Other: \$  Company name  Address  Address  Ordinary comporate shareholder  ACN  Amount owing per share  Ordinary comporate shareholder  Ordinary comporate shareholder  ACN  Amount owing per share  Ordinary comporate shareholder  ACN  Amount owing per share  Ordinary comporate shareholder  Ordinary comporate shareholder  ACN  Amount owing per share  Ordinary comporate shareholder  ACN  Amount owing stareholder  Ordinary comporate shareholder  Ordinary compo	☐ Individu	al	Share in	nformati	on
Address Residential  OR  OR  Amount paid per share	Address Residential  OR  Amount paid per share   Other: \$ Other: \$ Company name   Shares   Other: \$ Address   Other: \$ Company name   Shares   Other: \$ Address   Shares   Other: \$ Address   Shares   Other: \$ Address   Other: \$ Address   Other: \$ Allotment 3   Other: \$ Individual   Share information   Title   Mr   Mrs   Ms   Miss   Dr   Other: New share cert no   Full name   Number of shares   Address   Other: \$ Amount paid per share   Other: \$ OR  Amount paid per share   Other: \$ Amount paid per share   Other: \$ Company name   Shares   Other: \$ Address   Other: \$ Amount paid per share   Other: \$ Company name   Shares   Other: \$ Address   Other: \$ Acn   Other: \$ Amount owing per share   Other: \$ Amount paid per share   Other: \$ Amount paid per share   Other: \$ Amount owing per s	Title	□ Mr □ Mrs □ Ms □ Miss □ Dr □ Other:	New shar	e cert no	
Residential OR	Residential	Full name		Number	of shares	
Corporate shareholder   ACN   ACN   Amount owing per share   Other: \$   Oth	Company name  Address  Individual  Title			Class of s	nares	· ·
Company name Address No of clirctors	Company name Address No of clirctors		OR	Amount p	oaid	· ·
No of directors   One full name: entity - entity name:   Number of shares   Ordinary per share   Ordinary per share   Other:   Amount paid per share   Other:   Company name   One full name:   O	No of directors   One full name:	☐ Corpora	te shareholder ACN	Amount of per share	owing	· ·
Address   One full name:   One full name	Address   One full name:   One full name:   One full name:   Ordinary   Other:    Allotment 3   Share information    Full name   Number of shares   Ordinary    Address   Address   AcN   Amount paid   S1    per share   Other:    Company   Other:    Address   Other:    Company   Other:    Address   Other:    Company   Other:    Address   Other:    Address   Other:    Company   Other:    Address   Other:    Company   Other:    Address   Other:    Company   Other:    Address   Other:    Address   Other:    Company   Other:    Address   Other:    Company   Other:    Address   Other:    Address   Other:    Address   Other:    Company   Other:    Address   Other:    Company   Other:    Address   Other:				hol	der
Allotment 3  Individual  Title	Allotment 3  Individual  Title	Address		are held		
Individual	Title					
Title	Title					
Full name  Address Residential  OR  Class of shares  OR  Amount paid per share  Other: \$  Amount owing per share  Other: \$  Company name  Address  No of client of the folder are held of the entity – entity name:  No of client of the folder of the entity – entity name:	Full name  Address Residential  OR  Class of shares  OR  Amount paid per share  Other: \$  Amount owing per share  Other: \$  Company name  Address  Address  No of clirectors  One full name: or more (names not required)  Number of shares  Ordinary  Other: \$  Amount owing per share  Other: \$  For the benefit or holder are held  In trust for and entity – entity name	☐ Individu	al	Share in	nformati	on
Address Residential  OR  Amount paid per share Other: \$  Corporate shareholder  ACN  Amount owing per share Other: \$  Company name  Address  No of class of shares  OR  Amount owing per share Other: \$  For the benefit of the holder In trust for another entity - entity name:  Ordinary Other:  I ordinary Other: \$  I ordinary Other: \$  I ordinary Other: \$  I ordinary I ordina	Address Residential  OR  Amount paid per share Other: \$  Company name  Address  No of client or more (names not required)  Class of shares  Class of shares  Amount paid per share  Adnount owing per share  Shares  Amount owing per share  Other: \$  For the benefit or holder  In trust for an entity – entity name  are held  One full name:  Class of shares  Other: \$  I per share  I per shar	Title	□ Mr □ Mrs □ Ms □ Miss □ Dr □ Other:	New shar	e cert no	
Residential  OR  Amount paid per share Other: \$  Company name  Address  No of class of shares OR  Amount paid per share Other: \$  Amount owing per share Other: \$  For the benefit of the holder In trust for another entity – entity name: One full name: class of shares Other:  One full name: class of shares Other:  One full name: class of shares Other:  Other:  I standard owing per share Other: \$  I of the benefit of the holder One full name: class of shares One; standard owing per share Other: \$  Other: \$  I of the benefit of the holder One full name: class of shares Other: \$  Othe	Residential  OR  Amount paid per share   \$1   Other: \$  Corporate shareholder  ACN  Amount owing per share   \$1   Other: \$  Company name  Address  No of   One full name: directors   2 or more (names not required)   Other: \$	Full name		Number	of shares	
Company name  Address  No of	Company name  Address  No of clirectors   One full name: directors   2 or more (names not required)   Other: \$			Class of s	nares	· ·
Company name  Address  No of Of One full name: One	Company name  Address  No of One full name: One full name: One full name: One full name on trequired)  Company name  Address  Other: \$  For the benefit or holder on entity – entity name on trequired.		OR			☐ Other: \$
No of directors One full name: 0 One full name: 0 or more (names not required) One full name: 0 or more (names not required)	No of directors One full name: are not required)  Shares are held In trust for and entity – entity name.	☐ Corpora	te shareholder ACN			
Address  No of directors	No of directors One full name: 2 or more (names not required)				hol	der
directors 2 or more (names not required)	directors 2 or more (names not required)					
Additional information – Please use this space to give us any other information that may help us to complete your order.	Additional information – Please use this space to give us any other information that may help us to complete your order.	directors	2 or more (names not required)			
		Additional	information – Please use this space to give us any other information that may help	us to comp	ete your o	order.