

Company name

Order form: Foreign registered company

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

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

PDF required

Yes No

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

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* (C'th), 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.

Corporation details in place of incorporation/origin

Corporation name

Registration number

From place of incorporation

Place of incorporation

Date of incorporation
in place of origin

Name of director who
will sign ASIC forms

Address of registered
office in place of origin

Must supply street address

Company details in Australia

Address of registered office in Australia
Must supply street address

Firm to provide Castle Corporate to provide* Other

Other – Please provide below

Will the company occupy this office?

Yes No

If No - Provide occupier's name below

Office hours

Open from at least 10am to 12 noon & 2pm to 4pm each business day
 Open at least 3 hrs between 9am & 5pm each business day, those hrs being:

Open am/pm Close am/pm

Has a company name been reserved or a business name been registered in Australia? Yes No

If you answered 'yes' above please provide a copy of ASIC documentation.

ASIC Local Agent in Australia

Title

For individual

Mr Mrs Ms Miss Dr Other

Other – please specify

Full name

Individual or company

Castle Corporate to provide*
 Other

Other – please specify

ACN

For company only

Address in Australia

Must be street address

Directors (or equivalent) details

Title

For individual

Mr Mrs Ms Miss Dr Other

Other – please specify

Full name

Individual or company

Address

Residential

Date of birth

Place of birth

City

State (Country if not Australia)

Office(s) held

Director
 Other

Other – please specify

Date appointed as officer

Title

For individual

Mr Mrs Ms Miss Dr Other

Other – please specify

Full name

Individual or company

Address

Residential

Date of birth

Place of birth

City

State (Country if not Australia)

Office(s) held

Director
 Other

Other – please specify

Date appointed as officer

* Castle Corporate can provide the following services for an additional annual fee:

- Registered office address in Australia
- ASIC local agent in Australia

Directors (or equivalent) details - continued							
Title For individual	<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
Full name Individual or company	<input type="text"/>						
Address Residential	<input type="text"/>						
Date of birth	<input type="text"/>	Place of birth	<input type="text"/>	City	<input type="text"/>	State (Country if not Australia)	<input type="text"/>
Office(s) held	<input type="checkbox"/> Director	Other – please specify					
Date appointed as officer	<input type="text"/>						
Title For individual	<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
Full name Individual or company	<input type="text"/>						
Address Residential	<input type="text"/>						
Date of birth	<input type="text"/>	Place of birth	<input type="text"/>	City	<input type="text"/>	State (Country if not Australia)	<input type="text"/>
Office(s) held	<input type="checkbox"/> Director	Other – please specify					
Date appointed as officer	<input type="text"/>						
Title For individual	<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
Full name Individual or company	<input type="text"/>						
Address Residential	<input type="text"/>						
Date of birth	<input type="text"/>	Place of birth	<input type="text"/>	City	<input type="text"/>	State (Country if not Australia)	<input type="text"/>
Office(s) held	<input type="checkbox"/> Director	Other – please specify					
Date appointed as officer	<input type="text"/>						
Title For individual	<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
Full name Individual or company	<input type="text"/>						
Address Residential	<input type="text"/>						
Date of birth	<input type="text"/>	Place of birth	<input type="text"/>	City	<input type="text"/>	State (Country if not Australia)	<input type="text"/>
Office(s) held	<input type="checkbox"/> Director	Other – please specify					
Date appointed as officer	<input type="text"/>						

Additional items required

In addition to completing this order form, please provide the following items:

1. **Details of any charges over any of the company's Australian-based assets (if any).**
2. **A certificate of registration or incorporation (or similar document) that confirms that the foreign company is currently registered in its place of incorporation.** The certificate (or similar document) must be:-
 - issued by the governing authority (equivalent to ASIC) in the place of incorporation;
 - an original document, and
 - dated no more than 3 months before it is received by ASIC.

Examples of documents that ASIC will accept are:-

- Certificate of Good Standing
- Certificate of Status
- Certificate of Legal Existence
- Certificate of Current Standing.

3. **A certified copy of the company's current constitution dated no more than 3 months before it is received by ASIC.** Certification can be made by:-
 - the governing authority (equivalent to ASIC) in the place of incorporation;
 - a notary public; or
 - a duly witnessed affidavit by a director or secretary of the foreign company.

If the foreign company is not bound by a written constitution and/or is bound by some other means of governance, the Company must provide a statement in writing to that effect and include a description of the legislation that governs the administration of the company. The statement must be certified in accordance with requirements for certification as described above.

4. **If any document is not in English, a certified translation of that document into English. The translation must be certified in writing to be a correct translation.**

A translation made outside Australia must be certified as a correct translation into English by one of the following persons in the place where the corporation was formed or incorporated:-

- a person who has lawful custody of the original document, i.e. a person who exercises under law functions similar to ASIC;
- a notary public or a translator public duly admitted and sworn in accordance with the law.

A translation made in Australia must be certified as a correct translation into English by a person approved by ASIC such as:-

- language teachers or professors at tertiary institutions;
- legal translators with a minimum 12 months experience in certifying translated documents or being an interpreter before the Courts;
- a Level III accredited translator by NAATI (National Accreditation Authority for Translators and Interpreters Ltd);
- an approved translator from the Department of Immigration and Citizenship - Translating and Interpreting Service, or
- any other qualified person of Commonwealth or State Government Department providing accredited translation services.

Additional information

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