Company	name
company	



# Order form: Business name registration

Instructions						
Please complete all fields in this form. See 'Guidelines' on the next page for help with completing the form.						
By submitting this order form, the proposed owner(s) hereby authorise(s) Castle Corporate Pty Ltd to apply for the registration of the business name(s) listed below.						
Order placed by						
Your name			Telepho	ne	Facsimile	
Firm name			Email ad	dress		
Firm address						
Name for registratio	n					
Name required			Alternat	ive name		
Business contacts						
Street or P.O. Box ad	dress					
for service of docum						
Principal place of bus (street address)	iness					
Email address (compulsory)						
Mobile phone numb	Mobile phone number (for SMS messages)					
<b>Registration period</b>	– please check only one					
One year						
Three years						
Owner of business n	ame					
Full name		Given name(s)			Surname	
			1			
ABN (compulsory)			ACN			
Date of birth		Place of birth		City	State (Country if not Austra	ilia)
Residential address						
Representatives of t	rust/partnership					
Representative 1						
Full name		Given name(s)			Surname	
Company name				Δ		
Date of birth		Place of birth		City	State (Country if not Austra	ilia)
Address						

Castle Corporate Pty Ltd ABN 36 065 276 665 www.castlecorp.com.au

Representatives of trust/partnership – continued				
Representative 2				
Full name	Given name(s)			Surname
Company name			ACN	
Date of birth	Place of birth		City	State (Country if not Australia)
Address				
Cuidalinas				

# Guidelines

These guidelines will help you complete the Business name registration order form. If you need any further help, please call us on (03) 9898 6666.

### Name for registration

The name of your first preference will be registered if it is considered to be available by ASIC. Should the name be unavailable, and if you would be prepared to use a different business name, please indicate your second preference under 'Alternative name'.

#### **Business contacts**

Address for service of documents – This may be the same as the principal place of the business - or it may be the address of your accountants or lawyers. The address must be a street address in Australia.

*Principal place of business* – Even if you plan on having more than one outlet, your principal place of business needs to be nominated here.

Email address – Please supply for ASIC contact purposes. This is mandatory.

Mobile phone number – Please supply for ASIC contact purposes. This is not mandatory.

## **Registration period**

You may choose from the following options:-

PERIOD	ASIC FEE	CASTLE'S FEE
One year	\$36.00	\$77.00
Three years	\$85.00	\$77.00

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

D Pay in 30 days – I, the person named above, agree to pay Castle for this order within 30 days of the invoice date

## **Owner(s) of business name**

If a proposed owner does not have an ABN, Castle can apply for the ABN on your behalf. To take advantage of this service, please complete the <u>ABN order form</u> or phone our office on (03) 9898 6666.

Where the owner is an individual

Please provide the full name, residential street address, ABN, date and place of birth and email address for the individual owner. Please note an individual owner must not be a disqualified person, being a person who is disqualified from managing a corporation or convicted of an offence involving dishonesty and imprisonment of at least 3 months.

#### Where the owner is a company

Please provide the full name of the company, its ACN, ABN, its address (which can be any street address which makes commercial sense) and an appropriate email address.

#### Where the owner is a trust

Please provide the full name of the trust, its ABN, its address (which can be any street address, which makes commercial sense) and an appropriate email address, name of all representatives. Representatives can be companies or individuals.