

Order form: Change of business name details

Instructions

When filling in this form please ensure you provide the following information:

- ASIC key - this number is required for all business name changes
- ASIC transfer number - required if transferring business name to another entity

Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

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.

ASIC key

If you don't have the ASIC key for the business name, we can apply to ASIC for this number.

ASIC transfer number (for transfer from current owner to proposed new owner)

If you have this number, please forward to us so we can complete the transfer of business name. Otherwise we will apply on your behalf

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.

Fees

Service	ASIC fee	Our fee
Business name registration - One year	\$37.00	\$77.00
Business name registration - Three years	\$87.00	\$77.00
Cancellation of business name	\$0.00	\$55.00
Transfer of business name – One year	\$37.00	\$99.00
Transfer of business name – Three years	\$87.00	\$99.00

Payment

<input type="checkbox"/> Pay now	<input type="checkbox"/> Cheque Please make cheques payable to: Castle Corporate Pty Ltd. <input type="checkbox"/> Credit card Please complete a Credit Card Authorisation form and return with this form. <input type="checkbox"/> Bank deposit Account details: NAB, BSB: 083-543, Account: 66332-9114	<input type="text"/> Please provide reference you will use for direct deposit:
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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.

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 [ABN order form](#) 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 representatives. Representatives can be companies or individuals.

Business name details

Registered business name			
ASIC key (Compulsory)		ASIC transfer number	
Changes to be made	<input type="checkbox"/> Change of business owner/s (transfer) <input type="checkbox"/> Cancellation of a business name <input type="checkbox"/> Change of address <input type="checkbox"/> Other: <input type="checkbox"/> Renew business name (attach renewal)		
Registration period	<input type="checkbox"/> 1 year registration <input type="checkbox"/> 3 year registration		

New business contacts

Street or P.O. Box address for service of documents			
Principal place of business (street address)			
Email address (compulsory)			
Mobile phone number (for SMS messages)			

New business owner

Type	<input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust		
Full name	Given name(s)		Surname
Company Name			
ABN (mandatory)		We cannot proceed with your application without an ABN.	ACN
Date of birth		Place of birth	Town
			State
Address			

Trust /Partnership**Representative One:** Individual Company

Full name	Given name(s)		Surname
Company name		ACN	
Date of birth		Place of birth	Town
			State
Address			

Representative Two: Individual Company

Full name	Given name(s)		Surname
Company name		ACN	
Date of birth		Place of birth	Town
			State
Address			

*Note All partners of a partnership must be listed. If there are more than two, please use the Additional Information section below or supply separately with your order form.

Additional Information

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