Company name

Order form: - Change of Status



	Important information	mportant information								
	Please provide us with the most recent annual company statement or an up-to-date ASIC search when submitting this									
	order form. Alternatively, we can provide you with a search for an additional fee. Please tick which of the following you will provide with this order form:-									
	☐ Company sear		ig you will provid	e with this order form:-						
	☐ ASIC or CAS Co		download							
	☐ Up-to-date AS									
				lete search on your	be	half (additi	onal fees apply)			
	☐ Company's Co	nstitutio	on or Memora	ndum						_
	Note: 1. Information provide			=						
i	2. We cannot proceed Order placed by	d without	this information			_	_	_	_	
	Your name					Telephone		Facsimile		
	Firm name				_	Email addre	ess			
ļ	Firm address				L					
	Payment – The optio	ns to pa	y in 14 or 30	days are only availa	able	e for approv	ved clients			
		☐ Che	eque	Please make cheques p	oaya	ble to: Castle	Corporate Pty Ltd.			
	☐ Pay now	☐ Cre	edit card	Please complete a <u>Cred</u>	dit C	Card Authorisat	tion form and return wi	h this form.		
		☐ Bar	nk deposit	Account details:			Please provide refe	ence you will use	for direct deposit	
			тк асрози	BSB: 083-543, Account:	: 66	332-9114				
	☐ Pay in 14 days wi	th our <u>E</u>	nduring Credi	t Card Authorisation	<u>n</u>					
	☐ Pay in 30 days – I	, the pe	rson named a	bove, agree to pay C	Cas	tle for this o	order within 30 day	s of the inv	voice date	
	Declaration									
	By submitting this for		-	•						
	in this order form are			•					_	
	appointment as a Trustee and/or Unitholder (as relevant). I indemnify Castle Corporate Pty Ltd for any and all loss suffered as a result of my breach of the aforesaid warranty.						SS			
	Change details	Tilly bic	den or the are	result warranty.						
-	Current name of									
	company/association	1					Date of Change	/	/	
	Company ACN/ Regis	tration I	Number							
	A al al u a a a la a u a a a a	·	□ Duin ain al	alogo of business			Please	provide other add	ress	=
Address where meetings ☐ Principal place of business ☐ Via teleconference ☐ Other address										
	are riela						L Dublic			_
	Current Status of con	npany		ary limited	OIIC	— limited by s	hares	limited by gu	arantee	
					hl:-	12 21 2.1	barra Direktira	D D		
	Change Status to ☐ Proprietary limited ☐ Public — limited by shares ☐ Public — limited by guarantee ☐ Incorporated Association									
			= :::00. por							

Party Details								
Individual 1								
Title	□ Mr □ Mrs □ N	∕ls □ Mis	s 🗆 Dı	· □ Other		Other	– please specify	
Name	Given n	ame(s)				Surname		
Address Must be residential								j
Office held								
Date of birth		Place	of birth		City	S	tate (Country if not Australia)	
If changing to incorpo	rated association or limite	ed by guara	ntee:					
Is the party a member	? □ Yes □ No							
Shareholder details: R	equired if changing to pro	oprietary lin	nited or lii	mited by sha	res			
No of shares		Class o	f shares	☐ Ordinary	y 🗆 Oth	er	Other – please specify	
Amount paid per share	□ \$1 □ Other	Other – please sp	Amo	ount owing share	□ Nil [□ Other	Other – please specify	
	☐ For the benefit of th	e holder						_
Shares are held	☐ Jointly				Please prov	ide names		
	☐ In trust for another (entity			Please prov	ide names		
Individual 2								
Title	□ Mr □ Mrs □ N	∕ls □ Mis	s 🗆 Dı	□ Other		Other	– please specify	
Name	Given n	ame(s)				Surname		
Address Must be residential				'				j
Office held								
Date of birth		Place	of birth		City	S	tate (Country if not Australia)	
If changing to incorpo	rated association or limite	ed by guara	ntee:					
Is the party a member	? □ Yes □ No							
Shareholder details: R	equired if changing to pro	oprietary lin	nited or lii	mited by sha	res		Other – please specify	
No of shares		Class o	f shares	☐ Ordinary	y 🗆 Oth	er	Other – please specify	
Amount paid per share	□ \$1 □ Other	Other – please sp	Amo	ount owing share	□ Nil [□ Other	Other – please specify	
	☐ For the benefit of th	e holder						
Shares are held	☐ Jointly				Please prov	ide names		
	☐ In trust for another o	entity			Please prov	ide names		

Individual 3							
Title		Ms	is □ Di	. D Othor		Othe	er – please specify
Title	☐ Mr ☐ Mrs ☐ I	Ms □ Mis	S LI DI	· □ Other			
Name	Given r	name(s)				Surname	
Address Must be residential							
Office held							
]			City		State (Country if not Australia)
Date of birth		Place	of birth				
If changing to incorpo	rated association or limit	ed by guara	ntee:				
Is the party a member	? □ Yes □ No						
Shareholder details: R	equired if changing to pr	oprietary lin	nited or li	mited by sha	ires		
No of shares		Class o	f shares	☐ Ordinar	y 🗆 Otl	her	Other – please specify
Amount naid		Other – please sp	ecify	ount owing			Other – please specify
Amount paid per share	□ \$1 □ Other		per	ount owing share	□ Nil	☐ Other	
	☐ For the benefit of th	ne holder					
Shares are held	☐ Jointly	☐ Jointly					
	Please provide names ☐ In trust for another entity						
Individual 4							
	□ Mr □ Mrs □ N	Ms □ Mis	l s □ Di	· 🗆 Other		Othe	er – please specify
Individual 4 Title	☐ Mr ☐ Mrs ☐ N		ss 🗆 Di	- □ Other			er — please specify
	☐ Mr ☐ Mrs ☐ N		ss 🗆 Dı	Other		Othe	er — please specify
Title Name			s 🗆 Di	- □ Other			er — please specify
Title			ss 🗆 Di	- □ Other			er – please specify
Title Name Address			ss 🗆 Di	- □ Other			er – please specify
Title Name Address Must be residential Office held		name(s)		- □ Other	City	Surname	er – please specify State (Country if not Australia)
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Title				. 450 1	o. c		
Name Mr	Individual 5						
Name Address Must be residential Office held Date of birth Place of birth Place of birth Place of birth Place of birth If changing to incorporated association or limited by guarantee: Is the party a member?	Title	□ Mr □ Mrs □ Ms □ N	⁄liss □ Dr □ Other	Other – please specify			
Office held Date of birth Place of birth Other - place specify Amount owing per share Place provide names Other - place specify Other - place specify Amount owing per share Place provide names Other - place specify Other - place specify Amount owing per share Place or or other names of the holder Shares are held	Name	Given name(s)		Surname			
Date of birth							
Date of birth	Office held						
Is the party a member?	Date of birth	Plac		State (Country if not Australia)			
No of shares		· -	rantee:				
Amount paid per share	Shareholder details: R	equired if changing to proprietary i	limited or limited by shares				
Amount paid per share	No of shares	Class	of shares				
Shares are held	Amount paid per share		Amount owing _				
Shares are held		☐ For the benefit of the holder					
Company 1 Company Name Address Number of directors One – advise full name to the right Two or more directors - names not required Shareholder details: Required if changing to proprietary limited or limited by shares No of shares Class of shares Ordinary Other Other – please specify Please provide names Please provide names	Shares are held	☐ Jointly		Please provide names			
Company Name Address Number of directors One – advise full name to the right Two or more directors - names not required Shareholder details: Required if changing to proprietary limited or limited by shares No of shares Class of shares Ordinary Other — please specify Amount paid per share Other — please specify Please provide names		☐ In trust for another entity		Please provide names			
Address One – advise full name to the right Two or more directors - names not required Shareholder details: Required if changing to proprietary limited or limited by shares No of shares Ordinary Other Other – please specify Amount paid per share \$1 Other Other – please specify Please provide names For the benefit of the holder Please provide names Pl	Company 1						
Number of directors One – advise full name to the right Two or more directors - names not required Shareholder details: Required if changing to proprietary limited or limited by shares No of shares Class of shares Other – please specify Amount paid per share Other – please specify Please provide names Please provide names	Company Name			ACN			
Shareholder details: Required if changing to proprietary limited or limited by shares No of shares Class of shares Class of shares Other – please specify Amount paid per share Other – please specify Please provide names Please provide names	Address						
No of shares Class of shares Ordinary Other – please specify Amount paid per share Shares are held Class of shares Other – please specify Other – please specify Amount owing per share Nil Other Other – please specify Other – please specify Please provide names	Number of directors						
No of shares Class of shares Ordinary Other Amount paid per share Shares are held Class of shares Other-please specify Amount owing per share Nil Other Other-please specify Please provide names	Shareholder details: R	equired if changing to proprietary l	imited or limited by shares				
Amount paid per share	No of shares	С	lass of shares Ordinar				
Shares are held Please provide names	Amount paid per share	☐ \$1 ☐ Other Other	Amount owing per share				
		☐ For the benefit of the holder					
	Shares are held						

	1 450 50.0
Company 2	
Company Name	ACN
Address	
Number of directors	☐ One – advise full name to the right ☐ Two or more directors - names not required
Shareholder details: Re	equired if changing to proprietary limited or limited by shares
No of shares	Class of shares ☐ Ordinary ☐ Other ☐
Amount paid per share	☐ \$1 ☐ Other Other Other Other Dease specify Amount owing per share ☐ Nil ☐ Other Other
	☐ For the benefit of the holder
Shares are held	□ In trust for another entity
Additional informatio	n – Use this space to give us any other information that may help us to complete your order.