Company name			



Order form: Adoption of new constitution

	ler placed by	/							
You	ır name				elephone			Facsi	imile
Firn	n name				mail address	5	,		
Firn	n address								
Pac	kage – choc	se one	_		_	_	_		On this form, please
		Includes:		Please	submit the f	ollowing:			complete:
	Standard adoption	✓ New consti	tution	+ Up-	npany's existi	annual comp			Page 1 & Page 2 only
	·	✓ New const	tution		tement/search		ion		
	Adoption + changes	✓ Minutes		+ Up-	to-date ASIC	annual comp			All relevant sections of the form
D 4		✓ Change off	icers/members	sta	tement/search	n/extract			the form
	ivery								
Req	juired delive	ry date	☐ ASAP ☐ Sp	ecific da	te				
	ivery addres et address prefe								
PDF	required		☐ Constitution	☐ Ent	ire file 🔲	Not requi	red		
Pay	ment - The	options to pay	/ in 14 or 30 days a	re only a	vailable for a	approved o	clients		
		☐ Cheque	-		yable to: Castle				
		_							
	Pay now Credit card Please complete a <u>Credit Card Authorisation form</u> and return with this form. Please provide reference you will use for direct deposit:								
		☐ Bank dep	osit Account detail		.6332-9114	P	lease provide referer	nce you will	I use for direct deposit:
	Pay in 14 da	ys with our <u>Er</u>	nduring Credit Card						
П	Pay in 30 da	vs — I the ner	son named above, a	agree to	nav Castle fo	r this orde	r within 30 d	avs of	the invoice date
_	npany detai		son named above, i	agree to	pay castie to	i tilis orde	i within 50 a	ays or	the invoice date
Con	npany name								
ACN	N						or changes or nual stateme		
Dat	e of change				ASIC must be	e advised of	changes with	in 28 da	y to avoid penalties.
Cor	stitution re	quirements							
	To replace or update Constitution/Memorandum & Articles of Association □ To operate with one director and one member Purpose of adopting new constitution: □ To act solely as super fund trustee □ Death of a director or member (Castle Corporate will contact you to obtain additional details) Other Other								
	l Castle's sta		☐ Yes ☐ No						
	stitution* su						If Sec.	' nlease n	rovide details:
con	stitution? (A	dditional fees ma		□ Y	es 🗆 No		ii yes	, picase pi	oriac details.
*Ple	allows fdoes nodoes no	t include pre-em	one director and one motive rights regarding should to have casting vote at	are allotme		rs			

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:		
General meeting informatio	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	/liss □ 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	/liss □ 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	/liss □ 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. 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. Company Ordinary others. OR Amount paid S1 Ordinary others. Company Ordinary others. ACN Amount paid S1 Ordinary others. Company Ordinary others. Address Ordinary others. OR Ordinary others. Amount paid S1 Ordinary others. Ordinary others. Shares information New share cert no Ordinary others. Ordinary others. Shares Ordinary others. Ordinary others. Cass of shares Ordinary others. Ordinary others. Ordinary others. Shares 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: \$ Class of shares Ordinary other: \$ Class of shares Other: \$ Class of shares Ordinary other: \$ Class of shares Other: \$ Class of shares Other: \$ Class of shares Other: \$ Company name Other: \$ Company na	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:				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 In trust for another entity – entity name: Other: One full name: class of shares Other: 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 One full name: entity – entity name:	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.