

Company name

## Order form: Capital reduction

### Important 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 search
- ASIC or CAS Company download
- Up-to-date ASIC annual statement
- None of the above: –Castle to complete search on your behalf (**additional fees apply**)
- Company's Constitution or Memorandum

Note:

1. Information provided should be correct as at date of change.
2. **We cannot proceed without this information.**

### Order placed by

Your name

Telephone

Firm name

Facsimile

Firm address

Email address

### Delivery

Required delivery date

ASAP  Specific date:

Delivery address

Street address preferred

PDF required

Yes  No

### Payment

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:  
NAB, BSB: 083-543 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) and I indemnify Castle Corporate Pty Ltd for any and all loss suffered as a result of my breach of the aforesaid warranty.

**Company details**

Company name

Company ACN

ASIC corporate key number  
8 digits found on annual statementPreferred lodgement date  
of first form with ASICNumber of last  
share certificate issued

Return of capital and/or cancellation of shares will occur approximately:

- 14 days after lodgement of first form for sole member company, or
- 30 days after lodgement of first form for multiple member companies.

**Meeting information**Where will the meeting  
be held?

- 
- Principal place of business
- 
- 
- Via teleconference
- 
- Other address

Please provide other address

**Board meeting information**

Chair of board meetings

Will all directors attend the board  
meeting?

- 
- Yes
- 
- No – please specify which directors will
- not**
- attend:

**General meeting information**

Chair of general meeting

Same as chair of board meetings?  Yes  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
- not**
- have the right to vote:

General meeting attendance

- 
- All voting members will attend in person
- 
- 
- Absent voting members will appoint a proxy:-
- 
- Yes – provide below
- 
- No

**If proxies are to be appointed, please complete table below:**

	Name of member	Name of proxy	If member is a company:		
			Multiple director*	Sole director**	If sole director company, provide director's name:
1			<input type="checkbox"/>	<input type="checkbox"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	

\* Names not required

\*\* Full name of sole director to be provided in last column

**New share capital structure**

Please complete the table below to reflect the new share capital structure **after** the capital reduction is completed.

Share class	Number issued	Total issued capital paid on these shares	Total issued capital unpaid on these shares

**Shares to be cancelled and/or capital to be returned**

**Transaction 1**

Shareholder title  Mr  Mrs  Ms  Miss  Dr  Other – please specify:

Shareholder name

Shareholder address

If shareholder is a company please provide ACN

Shares are held  For the benefit of the holder  
 In trust for another entity. Complete other entity's details below:

Name

Class of shares to be cancelled

Number of shares to be cancelled  Total capital to be returned

Returned Capital will be sourced from:-  
 In cash/cheque from issued share capital account  
 Repayment of a loan  
 Other – please specify below

## Transaction 2

Shareholder title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:		
Shareholder name	<input type="text"/>		
Shareholder address	<input type="text"/>		
If shareholder is a company, please provide ACN	<input type="text"/>		
Shares are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Complete other entity's details below:		
	Name	<input type="text"/>	
Class of shares to be cancelled	<input type="text"/>		
Number of shares to be cancelled	<input type="text"/>	Total capital to be returned	<input type="text"/>
Returned Capital will be sourced from	<input type="checkbox"/> Cash/cheque from issued share capital account <input type="checkbox"/> Repayment of a loan <input type="checkbox"/> Other – please specify below		
<input type="text"/>			

## Transaction 3

Shareholder title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:		
Shareholder name	<input type="text"/>		
Shareholder address	<input type="text"/>		
If shareholder is a company, please provide ACN	<input type="text"/>		
Shares are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Complete other entity's details below:		
	Name	<input type="text"/>	
Class of shares to be cancelled	<input type="text"/>		
Number of shares to be cancelled	<input type="text"/>	Total capital to be returned	<input type="text"/>
Returned Capital will be sourced from	<input type="checkbox"/> Cash/cheque from issued share capital account <input type="checkbox"/> Repayment of a loan <input type="checkbox"/> Other – please specify below		
<input type="text"/>			

**Transaction 4**

Shareholder title  Mr  Mrs  Ms  Miss  Dr  Other – please specify:

Shareholder name

Shareholder address

If shareholder is a company, please provide ACN

Shares are held  For the benefit of the holder  
 In trust for another entity. Complete other entity's details below:

Name

Class of shares to be cancelled

Number of shares to be cancelled

Total capital to be returned

Returned Capital will be sourced from  Cash/cheque from issued share capital account  
 Repayment of a loan  
 Other – please specify below

**Additional information** – Please use this space to give us any other information that may help us to complete your order.