Company name			



## **Order form: Capital reduction**

	Important information	
		ost recent annual company statement or an up-to-date ASIC search when submitting
	•	we can provide you with a search for an additional fee.
	Please tick which of the followin	g you will provide with this order form:-
	□ Company search	
	☐ ASIC or CAS Company	
	☐ Up-to-date ASIC annua	
		astle to complete search on your behalf (additional fees apply)
	☐ Company's Constitution	n or Memorandum
	1. Information provided should be	e correct as at date of change.
	2. We cannot proceed without t	his information.
	Order placed by	
ſ	Your name	Telephone
ı	Firm name	Facsimile
	Firm address	
Ī	Firm address	
ſ	Email address	
	Delivery	
	Required delivery date	□ ASAP □ Specific date:
	nequired delivery date	LI ASAI LI Specific date.
	Delivery address Street address preferred	
	Street address preferred	
	PDF required	□ Yes □ No
	Payment	
	☐ Cheque	Please make cheques payable to: Castle Corporate Pty Ltd.
	_ <b>c</b> cquc	and the specific property of the second seco
	☐ Pay now ☐ Credit care	Please complete a <u>Credit Card Authorisation form</u> and return with this form.
		Please provide reference you will use for direct deposit:  Account details:
	☐ Bank depo	NAB, BSB: 083-543 Account: 66332-9114
	□ Day in 14 days with our En	during Cradit Card Authorication
	Pay III 14 days with our <u>En</u>	during Credit Card Authorisation
	☐ Pay in 30 days – I, the pers	on named above, agree to pay Castle for this order within 30 days of the invoice date.
		, , , , , , , , , , , , , , , , , , , ,
	Declaration	Dr. Lidd in a consider as with the Course which a Act 2001 (Clife) I was not and dealers that III
	- ·	porate Pty Ltd in accordance with the <i>Corporations Act 2001</i> (C'th), I warrant and declare that all on 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 dire	ctor, 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 t	ne atoresaid warranty.

	Company details						
	Company name						
	Company ACN			ASIC corpo 8 digits found			
	Preferred lodgement date of first form with ASIC			Number of share certi		ed	
	30 days after lodge	ement of	n of shares will occur first form for sole me first form for multipl	ember comp	any, or		
	Meeting information						
	Where will the meeting be held?	☐ Prind☐ Via t	cipal place of busines eleconference    O	s ther address	S	Please	e provide other address
	<b>Board meeting informatio</b>	n					
	Chair of board meetings						
	Will all directors attend the meeting?	e board	☐ Yes ☐ No – ple	ease specify wh	ich directors	will <u>not</u> atten	d:
	General meeting informat	ion					
	Chair of general meeting		Same as chair of boo	ard meeting	s? □ Yes	□ No –	please specify:
	Do all classes of shares issu have the right to vote at a meeting?		☐ Yes ☐ No – ple	ease specify wh	ich classes do	o <u>not</u> have the	e right to vote:
	General meeting attendance	ce	☐ All voting memb☐ Absent voting m	ers will atter embers will	nd in perso appoint a	on proxy:-口丶	Yes – provide below ☐ No
	If proxies are to be appoin	ted, plea	se complete table be	elow:			
					If membe	er is a comp	pany:
ſ	Name of member		Name of pr	оху	Multiple director*	Sole director**	If sole director company, provide director's name:
1							
2							
3							
4							
	* Names not required ** Full name of sole director to be	e provided	in last column				

## New share capital structure

Please complete the table below to reflect the new share capital structure <u>after</u> the capital reduction is completed.

Shares to be cancelled and/or capital to be returned  Transaction 1  Shareholder title	Share class	Number is:	sued	Total issued capital pa on these shares	id Total is	sued capital unpaid n these shares
Shareholder title						
Shareholder title						
Shareholder title						
Shareholder title						
Shareholder title						
Shareholder title						
Shareholder title						
Shareholder title						
Shareholder title						
Shareholder title						
Shareholder title						
Shareholder title		and/or capital to be ret	urned			
Shareholder name  Shareholder address  If shareholder is a company please provide ACN  Shares are held  Class of shares to be cancelled  Number of shares to be cancelled  Returned Capital will be sourced from:-				Naiss II Dr. II Oak		.,
Shareholder address  If shareholder is a company please provide ACN    For the benefit of the holder   In trust for another entity. Complete other entity's details below:   Name     Name     Name   In trust for another entity of the holder   In trust for another entity of another entity of the holder   In trust for another entity of a	Shareholder title	LI IVIF LI IVIFS	LIVIS L	Miss L Dr L Otr	ier – please spec	city:
If shareholder is a company please provide ACN    For the benefit of the holder   In trust for another entity. Complete other entity's details below:    Name	Shareholder name					
Shares are held    For the benefit of the holder   In trust for another entity. Complete other entity's details below:   Name	Shareholder address					
Shares are held  Name  Class of shares to be cancelled  Number of shares to be cancelled  Total capital to be returned  In cash/cheque from issued share capital account  Returned Capital will be sourced from:-	If shareholder is a com	pany please provide AC	N			
Name  Class of shares to be cancelled  Number of shares to be cancelled  Total capital to be returned  In cash/cheque from issued share capital account  Returned Capital will be sourced from:-	Charac are hold	☐ For the benefit of ☐ In trust for anothe	the holder er entity. Cor	mplete other entity's det	ails below:	
Number of shares to be cancelled  Total capital to be returned  In cash/cheque from issued share capital account  Returned Capital will be sourced from:-	Shares are neid	Name				
Returned Capital will be sourced from:-    In cash/cheque from issued share capital account   Repayment of a loan	Class of shares to be ca	ancelled				
Returned Capital will be sourced from:-    In cash/cheque from issued share capital account   Repayment of a loan   Other – please specify below	Number of shares to be	e cancelled		Total capital to be	returned	
	Returned Capital will b	e sourced from:-	□ In c □ Rep □ Oth	ash/cheque from issued ayment of a loan er – please specify below	share capital	account

Shareholder title	□ Mr	☐ Mrs ☐	⊐ N	∕ls □ Mi	ss 🛭 Dr		Other – please	e specify:
Shareholder name								
Shareholder address								
If shareholder is a compa	iny, pleas	e provide ACI	N					
GI I I I	☐ For th	ne benefit of sist for anothe	the l er en	holder htity. Compl	ete other er	ntity's o	details belov	v:
Shares are held	Name							
Class of shares to be can	celled							
Number of shares to be o	cancelled				Total capit	tal to b	e returned	
Returned Capital will be s	sourced fr	rom		□ Repaym	neque from inent of a loat please specify	n	share capita	l account
Transaction 2								
Transaction 3								
Shareholder title	□ Mr	□ Mrs □	<b>□</b> M	∕ls □ Mis	ss 🗆 Dr	□ O1	ther – please s	specify:
	☐ Mr	□ Mrs [	□ M	∕ls □ Mis	ss 🗆 Dr	□ O <sub>1</sub>	t <b>her</b> – please :	specify:
Shareholder title	☐ Mr	□ Mrs [	<b>□</b> M	∕ls □ Mis	ss 🗆 Dr	□ O1	ther – please :	specify:
Shareholder title Shareholder name				∕ls □ Mis	ss 🗆 Dr	□ O1	t <b>her</b> – please s	specify:
Shareholder title Shareholder name Shareholder address If shareholder is a compa	iny, pleas		N	holder				
Shareholder title Shareholder name Shareholder address	iny, pleas	e provide ACI	N	holder				
Shareholder title Shareholder name Shareholder address If shareholder is a compa	Por the Intru	e provide ACI	N	holder				
Shareholder title Shareholder name Shareholder address If shareholder is a compa	nny, pleason	e provide ACI	N	holder	ete other er	ntity's (		

Shareholder title	Shareholder title	Total cap	apital to be returned om issued share capital account loan
Shareholder name  Shareholder address  If shareholder is a company, please provide ACN    For the benefit of the holder   In trust for another entity. Complete other entity's details below:   Name   Class 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	Shareholder address  If shareholder is a company, please provide ACN    For the benefit of the holde   In trust for another entity. Company	Total cap	apital to be returned om issued share capital account loan
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		picase specii	city below
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 or		
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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 or		
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		nformation that	hat may help us to complete your order.