Company name



Order form: Capital Restructure

	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☐ None of the above: —Cas		on voi	ır hehalf (addition	al foos anni	W					
	☐ Company's Constitution	•	i on you	ar benan (addition	ai ices appi	191					
L	Note:										
	 Information provided should be correct as at date of change. We cannot proceed without this information. 										
	Order placed by										
	Your name			Telephone		Facsimile					
L				- · · · · ·							
Г	Firm name			Email address							
L	Firm address										
	Delivery										
					Please provide	e specific date					
	Required delivery date	☐ ASAP ☐ Specifi	c date								
		П			Please provide	other address					
	Delivery address	Firm address (liste	ed above))	other address						
	Street address preferred	☐ Other address									
	PDF required	☐ Yes ☐ No									
	Payment – The options to pay	in 14 or 30 days are o	nly avai	lable for approved	d clients						
		Cheque Please	make ch	eques payable to: Castl	le Corporate Pt	ty Ltd.					
	_	•	complete	e a <u>Credit Card Authori</u> s	sation form an	d return with this form.					
	_ ray now _	Accoun	nt details	:	Please provide	eference you will use for direct deposit					
	<u>U</u>	Bank deposit BSB: 0	33-543, Account: 66332-9114								
	Pay in 14 days with our End	during Credit Card Auth	norisatio	<u>on</u>							
	Pay in 30 days – I, the person named above, agree to pay Castle for this order within 30 days of the invoice date										
	Declaration	, 8 -									
		Samaanata Dhultal in aaaa		uith the Compountion	- A-+ 2001 /C	lab. Lucamant and declare					
	By submitting this form to Castle Corporate Pty Ltd, in accordance with the <i>Corporations Act 2001</i> (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). 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 ke	ey number						
	Company ACN			8 digits found on ann	ual statement						
	Preferred lodgement date of fi	rst form with ASIC									
	Sterred to agement date of th										
	Number of last share certificate	e issued									
			<u> </u>								

Meeting information										
Address for meetings (if not principle place of business)										
Board meeting information										
Chair of board meetings										
Will all directors attend the board meeting?	Yes No – please specify which directors will <u>not</u> 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 s	pecify	which classes	do <u>not</u> have th	e right to vote:					
General meeting attendance	All voting members will attend in nerson									
If proxies are to be appointed	, please complete table bel	ow:								
				r is a compa						
Name of member	Name of proxy		Multiple director [*]	Sole director**	If sole director company, provide director's name:					
* Names not required ** Full name of sole director to be pro	ovided in last column									
New share capital structure Please complete the table belo	ow to reflect the new share	canita	al structure	after the sh	nare huwhack is completed					
	Number issued		tal issued c		Total issued capital unpaid					
Share class	Number issued		on these	shares	on these shares					

Share classes

Please list all required share classes to be included in the new company constitution in the following table. These may be existing share classes for which the rights are changing, or new share classes that need to be created. You may give classes of shares any name you wish.

Vote: Right to receive notice of, attend and vote at all general meetings.

Dividends: Right to receive dividends declared out of the profits or reserves of company.

Return of capital: In winding up of the company or upon reduction of capital of the company, right to receive repayment of capital. **Share in surplus:** In winding up of the company or upon reduction of capital of company, right to participate in division of surplus assets.

Appoint & resign directors: Right to appoint and resign directors of company.

	Rights											
Name of class	Name of class Vote		Return of capital	Share in surplus on winding up	Appoint/ resign directors	Other						
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No							
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No							
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No							
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No							
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No							
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No							
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No							
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No							
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No							
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No							

Allotments - New shares issued by the company Allotment 1										
☐ Individual										
Title	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐									
Name	Given name(s) Surname									
Address Must be residential										
☐ Corporate										
Company Name	ACN									
Address										
Number of directo	ors ☐ One – advise full name to the right ☐ Two or more directors - names not required									
Shareholder deta	Is the shareholder over 18 years old									
No of shares	Class of shares □ Ordinary □ Other ○ Other Other Other									
Amount paid per share	☐ \$1 ☐ Other Other Other Dease specify Other—please specify Other—pleas									
	☐ For the benefit of the holder									
Shares are held	☐ Jointly Please provide names									
	☐ In trust for another entity									
Allotment 2										
☐ Individual										
Title	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐									
Name	Given name(s) Surname									
Address Must be residential	·									
☐ Corporate										
Company Name	ACN									
Address										
Number of directo	One – advise full name to the right Two or more directors - names not required									
Shareholder deta	Is the shareholder over 18 years old ☐ Yes ☐ No									
No of shares	Class of shares □ Ordinary □ Other Other									
Amount paid per share	☐ \$1 ☐ Other Other Other Dease specify Other—please specify Other—pleas									
	☐ For the benefit of the holder									
Shares are held	☐ Jointly Please provide names									
	☐ In trust for another entity									

Allotment 3													
☐ Individual													
Title	□ Mr	☐ Mrs		ls 🗆	Miss	□ Di	. 🗆 0	ther			Other -	please speci	fy
Name				Surname									
Address Must be residential													
☐ Corporate													
Company Name	ACN												
Address													
Number of direct	nrc	One – advi				not req	uired						
Shareholder deta	ails				ls t	the sh	arehold	er ove	er 18 y	ears old		′es □	No
No of shares				Class o	f share:	S	□ Ord	dinary	, 🗆	Other	Other – please specify		
Amount paid per share	□ \$1	☐ Other		Other – ple	ase specify	Amo	ount ow share	ing	□ Ni	Other – please speci			- please specify
·	☐ For t	the benefi	t of the	holde	r	_ ·							
Shares are held	☐ Joint	tly							Please pi	rovide names			
	☐ In tr	ust for and	other e	☐ In trust for another entity									
·													
Allotment 4													
Allotment 4				-									
	☐ Mr	☐ Mrs	□ M	ls 🗆	Miss	□ Di	· 🗆 c	Other			Other -	please speci	fy
☐ Individual	☐ Mr	□ Mrs	☐ V		Miss	□ Di	· 🗆 c)ther		Surr	Other –	please speci	fy
☐ Individual Title Name Address	☐ Mr	☐ Mrs			Miss	□ Di	· 🗆 c)ther		Surr		please speci	fy
☐ <i>Individual</i> Title Name	☐ Mr	☐ Mrs			Miss	□ Di	· 🗆 c	Other		Surr		please speci	fy
☐ Individual Title Name Address Must be residential	☐ Mr	☐ Mrs			Miss	□ Di	· 🗆 c)ther		Surr		please speci	fy
☐ Individual Title Name Address Must be residential ☐ Corporate	☐ Mr	☐ Mrs			Miss	□ Di	· 🗆 0	Other				please speci	fy
☐ Individual Title Name Address Must be residential ☐ Corporate Company Name	ors	☐ Mrs One – advi Two or m	Given na	me(s)	ne right			Other				please speci	fy
☐ Individual Title Name Address Must be residential ☐ Corporate Company Name Address	ors	One – advi	Given na	me(s)	ne right - names	not req	uired		er 18 y				No
☐ Individual Title Name Address Must be residential ☐ Corporate Company Name Address Number of direct	ors	One – advi	Given na	me(s)	ne right - names Is t	not req	uired	er ove	•	ACN	name		No
☐ Individual Title Name Address Must be residential ☐ Corporate Company Name Address Number of direct Shareholder deta	ors	One – advi	Given na	ame to the	ne right - names Is t f share:	not req the sha	uired	er ove	•	ACN ears old Other	name	'es □ Other – ple	No
☐ Individual Title Name Address Must be residential ☐ Corporate Company Name Address Number of direct Shareholder deta No of shares Amount paid	ors	One – advi Two or m	ise full n	ame to the rectors Class o	ne right - names Is t f share:	not req the sha	uired arehold	er ove	, D	ACN ears old Other	name	'es □ Other – ple	No ase specify
☐ Individual Title Name Address Must be residential ☐ Corporate Company Name Address Number of direct Shareholder deta No of shares Amount paid	ors	One – advi Two or m	ise full n	ame to the rectors Class o	ne right - names Is t f share:	not req the sha	uired arehold	er ove	, D	ACN ears old Other	name	'es □ Other – ple	No ase specify

Additional information – Use this space to give any other information that may help us to complete your order	