

Order form: Company

For a **public company limited by guarantee**, please [click here](#).

The Castle difference

 Opt in

At Castle, we pride ourselves on the service we provide and the value we can add to you and your clients. If you tick the 'opt in' box, we will contact you if we have any suggestions or questions about any information you have entered in the form. If you would prefer for your order to be processed exactly as you have entered below, please do not tick the box. However, if we believe something is incorrect in your form, we will contact you to discuss it.

Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

Choose your package – PDFs included with all packages

 Electronic Email delivery of all documents relevant to this package in PDF.

 Standard All documents relevant to this package printed and inserted in a folder with 6 dividers and 2 bound constitutions.

 Premium All documents printed and inserted in a folder with 12 dividers and 4 bound constitutions.

Presented in:-

 White Folder

 White Folder with Slip Case

 Black Folder

 Black Folder with Vertical Holder

 Black Folder with Box and Lid

Additional order requirements

Please tick your additional requirements

- Apply for an ABN – complete [ABN application form](#) (additional fee of \$220 applies)
 Common Seal (additional fee applies - \$44 for Premium & Standard packages; \$55 for Electronic packages)
 CAS file

Please note

Prices shown on our price lists are for standard products only. Any customisation, large numbers of parties and any non-standard features will attract an additional fee.

Delivery

Required delivery date

 ASAP Specific date

Please provide specific date

Delivery address

Street address preferred

 Firm address (listed above)

 Other address

Please provide other address

Payment – The options to pay in 14 or 30 days are only available for approved clients

 Pay now
 Cheque Please make cheques payable to: Castle Corporate Pty Ltd.

 Credit card Please complete a [Credit Card Authorisation form](#) and return with this form.

 Bank deposit Account details:
BSB: 083-543, Account: 66332-9114

Please provide reference you will use for direct deposit

 Pay as per our [Enduring Credit Card Authorisation](#)
 Pay in 30 days – **An additional \$66 charge applies.**

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* (Cth), 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
 (Please enter the name exactly as you would like it to appear)

Existing business name Yes No

Registration jurisdiction VIC NSW QLD SA WA NT TAS ACT

Registration date ASAP Future date

Standard

Shelf company – date for transfer of control

Sole purpose as trustee for superannuation fund
 Weighted voting Non-weighted voting (If neither option is selected, we will assume 'Non-weighted voting')

Professional practice (special constitution required)
 Architect CPA ICA Other
 LIV
 Client to provide constitution (no additional charge)
 Castle constitution for an Incorporated Legal Practice (ILP) (additional charge of \$55.00)
 LIV constitution with the ILP Kit – Client to obtain ILP Kit from LIV (Client to pay the LIV fees)

Public company limited by shares (for profit) – **please complete Schedule A**.

For a public company limited by guarantee (for Not-for-profit), please [click here](#)

Company address

Registered office Australian street address only Firm address (as provided on page 1) Other address

Will the new company occupy this office? Yes No Firm (as provided on page 1) Other

Principal place of business Australian street address only Registered office Other address

Where will the meeting be held? Principal place of business Via teleconference Other address

Officer and owner details

Individual 1 – must be a director

Title Mr Mrs Ms Miss Dr Other

Name

Address Must be residential

Officer details

Office held Director Secretary Public officer

Date of birth Place of birth

Shareholder details Is the shareholder over 18 years old Yes No

No of shares Class of shares Ordinary Other

Amount paid per share \$1 Other Amount owing per share Nil Other

Shares are held For the benefit of the holder
 Jointly
 In trust for another entity

Additional parties (if a company, please go to page 5)

Individual 2

Title Mr Mrs Ms Miss Dr Other

Name

Address

Officer details

Office held Director Secretary Public officer

Date of birth Place of birth

Shareholder details Yes No

No of shares Class of shares Ordinary Other

Amount paid per share \$1 Other Amount owing per share Nil Other

Shares are held For the benefit of the holder Jointly In trust for another entity

Individual 3

Title Mr Mrs Ms Miss Dr Other

Name

Address

Officer details

Office held Director Secretary Public officer

Date of birth Place of birth

Shareholder details Yes No

No of shares Class of shares Ordinary Other

Amount paid per share \$1 Other Amount owing per share Nil Other

Shares are held For the benefit of the holder Jointly In trust for another entity

Individual 4

Title Mr Mrs Ms Miss Dr Other

Name

Address

Officer details

Office held Director Secretary Public officer

Date of birth Place of birth

Shareholder details Yes No

No of shares Class of shares Ordinary Other

Amount paid per share \$1 Other Amount owing per share Nil Other

Shares are held For the benefit of the holder Jointly In trust for another entity

Individual 5

Title Mr Mrs Ms Miss Dr Other

Name

Address

Officer details

Office held Director Secretary Public officer

Date of birth Place of birth

Shareholder details Yes No

No of shares Class of shares Ordinary Other

Amount paid per share \$1 Other Amount owing per share Nil Other

Shares are held For the benefit of the holder Jointly In trust for another entity

Additional parties Companies

Company 1

Company Name ACN

Address

Number of directors One – advise full name to the right
 Two or more directors - names not required

Shareholder details

No of shares Class of shares Ordinary Other Other – please specify

Amount paid per share \$1 Other Other – please specify \$ Amount owing per share Nil Other Other – please specify \$

Shares are held For the benefit of the holder
 In trust for another entity Please provide names

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

No of shares Class of shares Ordinary Other Other – please specify

Amount paid per share \$1 Other Other – please specify \$ Amount owing per share Nil Other Other – please specify \$

Shares are held For the benefit of the holder
 In trust for another entity Please provide names

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