

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

Please provide future date

Standard

Shelf company – date for transfer of control

Please provide date

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

Other – please specify

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

Please provide other address

Will the new company occupy this office?

Yes No

Firm (as provided on page 1) Other

Provide occupier's name below

Principal place of business

Australian street address only

Registered office Other address

Please provide other address

Where will the meeting be held?

Principal place of business

Via teleconference Other address

Please provide other address

Officer and owner details

Individual 1 – must be a director

Title

Mr Mrs Ms Miss Dr Other

Other – please specify

Name

Given name(s)

Surname

Address

Must be residential

Officer details

Office held

Director

Secretary

Public officer

Date of birth

Place of birth

City

State (Country if not Australia)

Shareholder details

Is the shareholder over 18 years old

Yes No

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

Jointly

In trust for another entity

Please provide names

Please provide names

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

Individual 2

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	Other – please specify
Name	Given name(s)	Surname
Address Must be residential		

Officer details

Office held	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Public officer		
Date of birth	Place of birth	City	State (Country if not Australia)

Shareholder details

		Is the shareholder over 18 years old	<input type="checkbox"/> Yes <input type="checkbox"/> No
No of shares	Class of shares	<input type="checkbox"/> Ordinary <input type="checkbox"/> Other	Other – please specify
Amount paid per share	<input type="checkbox"/> \$1 <input type="checkbox"/> Other	Other – please specify \$	Amount owing per share
	<input type="checkbox"/> For the benefit of the holder	<input type="checkbox"/> Nil <input type="checkbox"/> Other	Other – please specify \$
Shares are held	<input type="checkbox"/> Jointly	Please provide names	
	<input type="checkbox"/> In trust for another entity	Please provide names	

Individual 3

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	Other – please specify
Name	Given name(s)	Surname
Address Must be residential		

Officer details

Office held	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Public officer		
Date of birth	Place of birth	City	State (Country if not Australia)

Shareholder details

		Is the shareholder over 18 years old	<input type="checkbox"/> Yes <input type="checkbox"/> No
No of shares	Class of shares	<input type="checkbox"/> Ordinary <input type="checkbox"/> Other	Other – please specify
Amount paid per share	<input type="checkbox"/> \$1 <input type="checkbox"/> Other	Other – please specify \$	Amount owing per share
	<input type="checkbox"/> For the benefit of the holder	<input type="checkbox"/> Nil <input type="checkbox"/> Other	Other – please specify \$
Shares are held	<input type="checkbox"/> Jointly	Please provide names	
	<input type="checkbox"/> In trust for another entity	Please provide names	

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.

Schedule A

Special instructions for a constitution for a public company limited by shares.

1. Will you supply the constitution?	<input type="checkbox"/> Yes You are not required to complete the remainder of this Schedule A. Please email a copy of your constitution to castle@castlecorp.com.au with the company name in the subject line. <input type="checkbox"/> No Please complete the remaining questions of this Schedule A.
2. Do you require a constitution, which incorporates listing rules?	<input type="checkbox"/> Yes ASX - You are not required to complete the remainder of this schedule A. <input type="checkbox"/> Yes NSX - You are not required to complete the remainder of this Schedule A. <input type="checkbox"/> No Please complete the remaining questions of this Schedule A.
3. Are the directors to be on rotation?	<input type="checkbox"/> Yes <input type="checkbox"/> Every year <input type="checkbox"/> Every 2 years <input type="checkbox"/> Every 3 years <input type="checkbox"/> Every 4 years <input type="checkbox"/> No
4. Details of capital structure	<input type="checkbox"/> Provide for ordinary shares only – please complete questions 5 to 7 <input type="checkbox"/> Provide a capital structure as detailed below :- please complete table below and questions 5 to 7

Name of class	Eligibility to hold shares	Vote	Dividend	Return capital	Surplus assets	Appoint directors	Other
Ordinary	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
A	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
B	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
C	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
D	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Other name is:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

5. What will be a quorum for a general meeting? (Choose one)	<input type="checkbox"/> Of all members, at least: <ul style="list-style-type: none"> <input type="checkbox"/> one half <input type="checkbox"/> one third <input type="checkbox"/> one quarter <input type="checkbox"/> At least _____ [please insert number] members <input type="checkbox"/> Whichever is the smaller between: _____ [please insert number] members, or _____ [please insert proportion] of the members <input type="checkbox"/> Other – please detail: _____
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6. What will be a quorum for a board meeting? (Choose one)	<input type="checkbox"/> Of all directors, at least: <ul style="list-style-type: none"> <input type="checkbox"/> one half <input type="checkbox"/> one third <input type="checkbox"/> one quarter <input type="checkbox"/> At least _____ [please insert number] directors <input type="checkbox"/> Whichever is the smaller between: _____ [please insert number] directors, or _____ [please insert proportion] of the directors <input type="checkbox"/> Other – please detail: _____
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7. Is the chairman to have a casting vote at...	general meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No board meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No
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