

Company name

Order form: - Division/Consolidation of Shares

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

Facsimile

Firm name

Email address

Firm address

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

- 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:
BSB: 083-543, Account: 66332-9114
- 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). 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

Date of Change*

Consolidation

Division

Factor

Number of share certificates issued

*Note: ASIC must be advised of changes within 28 days, to avoid late filing penalties

Meeting informationAddress for meetings
(if not principal place of business)**Board meeting information**

Chairman of board meetings

Will all directors attend the board meeting?

 Yes No – please specify which directors will **not** attend:**General meeting information**

Chairman 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 No**If proxies are to be appointed, please complete table below:**

			<i>If member is a company:</i>		
	Name of member	Name of proxy	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"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>	

Details of Shares to be divided

Shareholder One	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 -	If other, please specify	
Name	<input type="text"/>	ACN	<input type="text"/>
Address	<input type="text"/>		
Number of shares currently held	<input type="text"/>	Number of shares to be held after change	<input type="text"/>
Shares are held:	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity	Name of entity: <input type="text"/>	

Shareholder Two	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 -	If other, please specify	
Name		ACN	
Address			
Number of shares currently held		Number of shares to be held after change	
Shares are held:	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity	Name of entity:	

Shareholder Three	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 -	If other, please specify	
Name		ACN	
Address			
Number of shares currently held		Number of shares to be held after change	
Shares are held:	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity	Name of entity:	

Shareholder Four	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 -	If other, please specify	
Name		ACN	
Address			
Number of shares currently held		Number of shares to be held after change	
Shares are held:	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity	Name of entity:	

Shareholder Five	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 -	If other, please specify	
Name		ACN	
Address			
Number of shares currently held		Number of shares to be held after change	
Shares are held:	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity	Name of entity:	

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