

## Order form: Incorporation of a Victorian Association

| Order placed by  |   |   |
|--|---|---|
| Your name  |   | Telephone Facsimile   |
|  |   |   |
| Firm name  |   | Email address   |
|  |   |   |
| Firm address   |   |   |
|  |   |   |
| Delivery   |   |   |
| Delivery   |   |   |
| Required delivery date   | 🗆 ASAP  | □ Specific date: / /  |
|  | <b>—</b>  |   |
| Delivery address<br>Street address preferred                               | <ul> <li>Firm address (listed abov</li> <li>Other address:</li> </ul> | ve)   |
|  |   |   |
| Payment  |   |   |
| Cheque   | Please make cheques   | payable to: Castle Corporate Pty Ltd.   |
| □ Pay now □ Credit car   | rd Please complete a <u>Cre</u>                                       | edit Card Authorisation form and return with this form.   |
| 🗖 Bank dep   | osit Account details:<br>NAB, BSB: 083-543, Ac                        | Please provide reference you will use for direct deposit:<br>ccount: 66332-9114   |
| Pay in 14 days with our Er   |   |   |
| · · · ·  |   | to pay Castle for this order within 30 days of the invoice date.  |
|  | son nameu above, agree t  | to pay castle for this order within so days of the invoice date.  |
| Declaration  |   |   |
|  |   | dance with the <i>Corporations Act 2001</i> (C'th), I warrant and declare form are true and correct and that all persons named in this order  |
| form have consented in writing t   | to their appointment as a dire  | ector, secretary or shareholder (as relevant). I indemnify Castle   |
| Corporate Pty Ltd for any and all  | loss suffered as a result of m  | ny breach of the aforesaid warranty.  |
| Name   |   |   |
| We automatically capitalis   | e association names in ou   | r documentation. If you would like the name to appear   |
| exactly as you have entere   | ed it below, please tick the  | e box to the left.  |
| Proposed association name  |   |   |
| 2 <sup>nd</sup> proforance pame  |   |   |
| 2 <sup>nd</sup> preference name  |   |   |
| 3 <sup>rd</sup> preference name  |   |   |
| It is suggested the name reflects th                                       | e nurnose of the association. T                                       | be name you propose may not be accepted if it is similar or identical to an   |
| existing name. To check if your nam<br>name of an incorporated association | e already exists or is similar to a<br>must have the word 'incorporat | The name you propose may not be accepted if it is similar or identical to an another, you can search <u>ASIC's organisation and business names register.</u> The ted' or the abbreviated 'Inc.' as the last word of its name. |
|  |   |   |
| Existing business name   | □ No *Castle Corpo  | orate will contact you  |
| Address  |   |   |
| Registered office address  | □ Firm address  |   |
| (street address only)  | □ Other:  |   |
| Will the association   | Yes   | If No, please provide occupier's name:  |
| occupy this office?  | □ No:   |   |
| Does the association have  | □ Yes   | If yes, please provide the website address  |
| a domain name/website?   | □ No  |   |
|  |   |   |

| Governance   |   |   |  |  |  |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|--|--|--|
| Will the association adopt Model Rules?  | <ul> <li>Yes</li> <li>No – please note that Castle Legal will charge an additional fee to provide tailored rules.</li> </ul>  |   |  |  |  |  |  |  |  |  |  |
| What are the association's purposes?   | <ul> <li>This is generally a two to four sentence statement describing what the association hopes to achieve. List each purpose in a numbered paragraph in the box below. An example of a statement of purpose is:</li> <li>1. To provide an opportunity for the youth of our area to participate in Australian Rules Football and enhance their health and wellbeing through organised sport.</li> <li>2. To provide for the health, welfare and wellbeing of its players, supporters and spectators.</li> </ul> |   |  |  |  |  |  |  |  |  |  |
|  |   |   |  |  |  |  |  |  |  |  |  |
|  |   |   |  |  |  |  |  |  |  |  |  |
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|  |   |   |  |  |  |  |  |  |  |  |  |
|  | <ul> <li>No</li> <li>Yes – provide the names of all trusts relating to the association:</li> </ul>  |   |  |  |  |  |  |  |  |  |  |
| Will the association<br>administer any trust   |   |   |  |  |  |  |  |  |  |  |  |
| accounts?  |   |   |  |  |  |  |  |  |  |  |  |
|  |   |   |  |  |  |  |  |  |  |  |  |
| Financial information<br>What is the date of the   | · · ·   |   |  |  |  |  |  |  |  |  |  |
| association's financial<br>year end?   | □ 30 <sup>th</sup> June □ different date / /<br>□ 31 <sup>st</sup> December (eg. 31 August)   |   |  |  |  |  |  |  |  |  |  |
| What is the estimated total va financial year?   | alue of revenue generated by the association in its first \$  |   |  |  |  |  |  |  |  |  |  |
| Will the association charge  | Entrance fee  | Ī |  |  |  |  |  |  |  |  |  |
| members either of the following fees?  | Annual subscription for No  | - |  |  |  |  |  |  |  |  |  |
| Members  | Yes – Fee amount:   | _ |  |  |  |  |  |  |  |  |  |
| How many members does the  | he association have at the  |   |  |  |  |  |  |  |  |  |  |
| time of completing this form?  | Must have 5 or more members.  |   |  |  |  |  |  |  |  |  |  |
| Committee  |   |   |  |  |  |  |  |  |  |  |  |
| Has the association Committee been appointed?  |   |   |  |  |  |  |  |  |  |  |  |
| Name of Secretary*?  |   | ] |  |  |  |  |  |  |  |  |  |
| Address  |   |   |  |  |  |  |  |  |  |  |  |
| Date of birth  | / / Phone number<br>(include area code)   | Ī |  |  |  |  |  |  |  |  |  |
| Email address  |   |   |  |  |  |  |  |  |  |  |  |
| * The secretary must be at least 18 years of age, a resident in Australia and not bankrupt or a represented person under the Guardianship and Administration Act 1986. |   |   |  |  |  |  |  |  |  |  |  |
| Registers  |   |   |  |  |  |  |  |  |  |  |  |
| Information for registers can be filled in on the following page.  |   |   |  |  |  |  |  |  |  |  |  |

| Registers   |                           |                         |             |                         |         |               |  |  |  |  |
|---|---------------------------|-------------------------|-------------|-------------------------|---------|---------------|--|--|--|--|
| List of committee members of incorporated association |                           |                         |             |                         |         |               |  |  |  |  |
| Tł  | ne people specified below | were admitted or electe | ed as showi | n at a meeting held on: |         | / /           |  |  |  |  |
| 1.  | Name                      | Given name(s) Surna     | me          |                         | Member? | □ Yes<br>□ No |  |  |  |  |
|   | Committee office(s) held  |                         |             |                         |         |               |  |  |  |  |
|   | Postal address            |                         |             |                         |         |               |  |  |  |  |
|   | Mobile                    |                         | Email       |                         |         |               |  |  |  |  |
| 2.  | Name                      | Given name(s) Surname   |             |                         | Member? |               |  |  |  |  |
|   | Committee office(s) held  |                         |             |                         |         |               |  |  |  |  |
|   | Postal address            |                         |             |                         |         |               |  |  |  |  |
|   | Mobile                    |                         | Email       |                         |         |               |  |  |  |  |
| 3.  | Name                      | Given name(s) Surna     | me          |                         | Member? | □ Yes<br>□ No |  |  |  |  |
|   | Committee office(s) held  |                         |             |                         |         |               |  |  |  |  |
|   | Postal address            |                         | _           |                         |         |               |  |  |  |  |
|   | Mobile                    |                         | Email       |                         |         |               |  |  |  |  |
| 4.  | Name                      | Given name(s) Surna     | me          |                         | Member? | □ Yes<br>□ No |  |  |  |  |
|   | Committee office(s) held  |                         |             |                         |         |               |  |  |  |  |
|   | Postal address            |                         |             |                         |         |               |  |  |  |  |
|   | Mobile                    |                         | Email       |                         |         |               |  |  |  |  |
| 5.  | Name                      | Given name(s) Surna     | me          |                         | Member? | □ Yes<br>□ No |  |  |  |  |
|   | Committee office(s) held  |                         |             |                         |         |               |  |  |  |  |
|   | Postal address            |                         |             |                         |         |               |  |  |  |  |
|   | Mobile                    |                         | Email       |                         |         |               |  |  |  |  |
| 6.  | Name                      | Given name(s) Surna     | me          |                         | Member? | □ Yes<br>□ No |  |  |  |  |
|   | Committee office(s) held  |                         |             |                         |         |               |  |  |  |  |
|   | Postal address            |                         |             |                         |         |               |  |  |  |  |
|   | Mobile                    |                         | Email       |                         |         |               |  |  |  |  |

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