

Proposed association name

Order form: Incorporation of a Victorian Association

Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

Delivery

Required delivery date

ASAP

Specific date:

/ /

Delivery address

Street address preferred

Firm address (listed above)

Other address:

Payment

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:
NAB, BSB: 083-543, Account: 66332-9114

Please provide reference you will use for direct deposit:

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.

Name

We automatically capitalise association names in our documentation. If you would like the name to appear exactly as you have entered it below, please tick the box to the left.

Proposed association name

2nd preference name

3rd preference name

It is suggested the name reflects the purpose of the association. The name you propose may not be accepted if it is similar or identical to an existing name. To check if your name already exists or is similar to another, you can search [ASIC's organisation and business names register](#). The name of an incorporated association must have the word 'incorporated' or the abbreviated 'Inc.' as the last word of its name.

Existing business name

Yes*
 No

*Castle Corporate will contact you

Address

Registered office address
(street address only)

Firm address
 Other:

Will the association
occupy this office?

Yes
 No:

If No, please provide occupier's name:

Does the association have
a domain name/website?

Yes
 No

If yes, please provide the website address

Registers

List of committee members of incorporated association

The people specified below were admitted or elected as shown at a meeting held on:

/ /

1. Name	Given name(s) Surname	Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committee office(s) held			
Postal address			
Mobile		Email	
2. Name	Given name(s) Surname	Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committee office(s) held			
Postal address			
Mobile		Email	
3. Name	Given name(s) Surname	Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committee office(s) held			
Postal address			
Mobile		Email	
4. Name	Given name(s) Surname	Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committee office(s) held			
Postal address			
Mobile		Email	
5. Name	Given name(s) Surname	Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committee office(s) held			
Postal address			
Mobile		Email	
6. Name	Given name(s) Surname	Member?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

A large, empty rectangular box with a thin black border, intended for providing additional information to complete an order.