

## Order form: Winding Up of Incorporated Association

### Order placed by

Your name

Telephone

Firm name

Facsimile

Firm address

Email address

### Delivery

Required delivery date

 ASAP  Specific date:

Delivery address

Street address preferred

PDF required

 Yes  No

### Payment

<input type="checkbox"/>	<input type="checkbox"/> Cheque	Please make cheques payable to: Castle Corporate Pty Ltd.	
<input type="checkbox"/> Pay now	<input type="checkbox"/> Credit card	Please complete a <a href="#">Credit Card Authorisation form</a> and return with this form.	
	<input type="checkbox"/> Bank deposit	Account details: NAB, BSB: 083-543, Account: 66332-9114	<input type="text"/>
<input type="checkbox"/>	Pay in 14 days with our <a href="#">Enduring Credit Card Authorisation</a>		
<input type="checkbox"/>	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) and I indemnify Castle Corporate Pty Ltd for any and all loss suffered as a result of my breach of the aforesaid warranty.

### Association details

Name of Association

Association registration number

Incorporated in:

 VIC  NSW  QLD  SA  WA  NT  TAS  ACT

Meeting address

Date of meeting

Time of meeting

**Association details (cont,,)****Chair**

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 below:
Name	Given names	Surname

**Other attendees**

Attendee One – Office Held		
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 below:
Name	Given names	Surname

Attendee Two – Office Held		
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 below:
Name	Given names	Surname

Attendee Three – Office Held		
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 below:
Name	Given names	Surname

Attendee Four – Office Held		
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 below:
Name	Given names	Surname

Attendee Five – Office Held		
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 below:
Name	Given names	Surname

Attendee Six – Office Held		
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 below:
Name	Given names	Surname

Attendee Seven – Office Held		
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 below:
Name	Given names	Surname

**Note:** If there are more attendees, please provide their details in the space provided at the end of this form.

**Special General Meeting Details**

If the association has residual assets upon winding up, these assets will be required to be disposed of in accordance with a special resolution passed by the members. Please advise if you wish this special resolution to be included in the supporting papers by detailing how the members wish to dispose of said residual assets.

Empty space for detailing how the members wish to dispose of said residual assets.

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

Empty space for providing additional information to help complete the order.