

eDOCS PTY LTD

A.C.N. 096 264 667

Postal Address:

PO Box 12784
A'Beckett Street
MELBOURNE VIC 8006

Office Address:

Level 11
160 Queen Street
MELBOURNE VIC 3000

Contact:

eMail: mail@edocs.net.au
PH: (03) 9606 0622
FAX: (03) 9642 2394

COMPANY ORDER FORM

Proposed Company Name

Name:

PTY LTD

(The legal elements of the proposed company will be PTY LTD unless otherwise specified)

State of registration of proposed company:

Does a Business Name exist for the proposed Company Name
and do you have authority to use the name?

Yes

No

If yes,

Business Name Registration No.:

State:

Applicant Details

Organisation Name:

Contact Person:

Ph:

Email:

Fax:

Street Address:**Postal Address:**

Suburb:

Suburb:

State:

P/C:

State:

P/C:

Preferred Delivery Address:

Street Address

Postal Address:

Other (please specify):

Order Selection (please tick)**Elite** \$ **675.00****Budget (Register on CD)** \$ **545.00****Common Seal (Optional)** \$ **29.95**

Suburb:

State:

P/C:

Payment Details

Chq Encl

On Account

Mastercard

Bankcard

Visa

Direct Bank Credit Transfer**Bank of Melbourne****BSB 033146 Acc. No. 198700****TOTAL \$***(please tick)*

Card Number

Cardholder

Signature

Expiry Date

mm

yy

Company Addresses**Registered Office:****Principal Place of Business:**
(If different to Registered Office)

Suburb:

Suburb:

State: P/C:

State: P/C:

Occupier's Name:
(if company does not occupy the Registered Office)

Same as Registered Office:

Declaration

I/We _____ hereby declare that all the proposed Directors and/or Members have consented to Act in writing (*as detailed in the Application*) and confirm that eDocs Pty Ltd has been appointed to Act as Agent for the sole purpose of registration of the proposed company.

Signed _____ Print Name _____ Date / /

Company Officeholder &/or Member

Surname:

Given Name(s):

Former Names:

or Company Name:

A.C.N.:

Address:

Suburb:

State:

P/C:

Country (if not Aust):

Date of Birth:

Place of Birth (Town/State):

Country of Birth (if not Aust):

Director

Secretary

Chairperson

Public Officer

Shareholder

Share Type: No. of Shares: Fully paid ? Amount paid per share: Amount due per share:
Yes No

Held in Trust ? Yes No If yes, In trust for

Company Officerholder &/or Member

Surname:

Given Name(s):

Former Names:

or Company Name:

A.C.N.:

Address:

Suburb:

State:

P/C:

Country (if not Aust):

Date of Birth:

Place of Birth (Town/State):

Country of Birth (*if Not Australia*):

Director

Secretary

Chairperson

Public Officer

Shareholder

Share Type: No. of Shares: Fully paid ? Amount paid per share: Amount due per share:
Yes No

Held in Trust ? Yes No If yes, In trust for

Company Officerholder &/or Member

Surname: Given Name(s): Former Names:

or Company Name: A.C.N.:

Address:

Suburb: State: P/C: Country (if not Aust):

Date of Birth: Place of Birth (Town/State): Country of Birth (*if Not Australia*):

Director	Secretary	Chairperson	Public Officer	Shareholder
Share Type:	No. of Shares:	Fully paid ? Yes No	Amount paid per share:	Amount due per share:

Held in Trust ? Yes No If yes, In trust for

Company Officerholder &/or Member

Surname: Given Name(s): Former Names:

or Company Name: A.C.N.:

Address:

Suburb: State: P/C: Country (if not Aust):

Date of Birth: Place of Birth (Town/State): Country of Birth (*if Not Australia*):

Director	Secretary	Chairperson	Public Officer	Shareholder
Share Type:	No. of Shares:	Fully paid ? Yes No	Amount paid per share:	Amount due per share:

Held in Trust ? Yes No If yes, In trust for

Ultimate Holding Company (*if applicable*)

Holding Company Name: A.C.N.:

Place of Incorporation (*if Not Australia*):**Special Instructions**