

COMPANY FORMATION INFORMATION FORM

What is your proposed company name:			
2 nd Choice of company name			
3 rd Choice of company name			
Will you have a trading name:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Trading Address of Company			
Appointment of Officeholder/s (for more than 2 officeholders please attach additional pages)			
Family Name::			
Given Names:			
Residential Address			
Telephone		Mobile	
Date of Birth		Place of Birth	
Tax File Number		If Shareholder – number of shares held:	
Director <input type="checkbox"/>	Secretary <input type="checkbox"/>	Public Officer <input type="checkbox"/>	Shareholder <input type="checkbox"/>
Family Name:			
Given Names:			
Residential Address			
Telephone		Mobile	
Date of Birth		Place of Birth	
Tax File Number		If Shareholder – number of shares held:	
Director <input type="checkbox"/>	Secretary <input type="checkbox"/>	Public Officer <input type="checkbox"/>	Shareholder <input type="checkbox"/>

FOR NON INDIVIDUAL SHAREHOLDERS			
Entity Name:			
Entity Address:			
Australian Company Number		Australian Business Number	
Tax File Number			
Number of shares to be acquired:			
Entity Name:			
Entity Address:			
Australian Company Number		Australian Business Number	
Tax File Number			
Number of shares to be acquired:			

**PLEASE COMPLETE THE ABN, TFN & GST REGISTRATION FORM (IF REQUIRED)
AND SUBMITTED WITH THIS FORM**

Signed: _____ Date: _____

Signed: _____ Date: _____

OFFICE USE ONLY:

Application Lodged	[]	Register received in office	[]
New company details entered in Handiregister	[]	Form 362 completed for signing	[]
ABN, GST, & TFN Applications made	[]	Appointment made for signing	[]
Form 362 Lodged with ASIC	[]	Registered Office board updated	[]