



Companies By
Quorum Services Pty Ltd

07 5574 0698

07 5574 0957

www.quorum-services.com.au

info@quorum-services.com.au

Suite 1E, 109 Upton Street Bundall, QLD 4217



Change to Company Officeholders

Firm (If any) _____ Date _____
 Contact Person _____ Phone _____
 Email _____ Ref No. _____

COMPANIES BY QUORUM SERVICES PTY LTD provides a document preparation and registration service. COMPANIES BY QUORUM SERVICES PTY LTD does not provide legal or professional advice. Any person wishing to complete this procedure should obtain advice from a legal practitioner or accountant to ensure the change is suitable for its intended use.

Section A - Each item must be completed

Company Name _____
ACN _____

Outgoing Officeholders (Please ensure that date ceased is completed)

Officeholders Names

| | Director | Shareholder | Date Ceased |
|-------|--------------------------|--------------------------|-------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Section B - Incoming Officeholders

Appointment Date _____

(Surname & Given Name(s) & Residential Address)

Name _____ Director Shareholder

Address _____

Date of Birth _____ **Place of Birth** (Include State/ Country) _____

Appointment Date _____

(Surname & Given Name(s) & Residential Address)

Name _____ Director Shareholder

Address _____

Date of Birth _____ **Place of Birth** (Include State/ Country) _____

Appointment Date _____

(Surname & Given Name(s) & Residential Address)

Director

Shareholder

Name _____

Address _____

Date of Birth _____ **Place of Birth** (Include State/ Country) _____

Appointment Date _____

(Surname & Given Name(s) & Residential Address)

Director

Shareholder

Name _____

Address _____

Date of Birth _____ **Place of Birth** (Include State/ Country) _____

Section C - Meeting (Please provide full address and date)

Location of meeting _____

Date of meeting _____ **Time** _____

Directors _____

Members _____

Chairperson _____
