



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



## Deregistration of a Company

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** \_\_\_\_\_

**Applicant** (may be the company itself, a director or shareholder of the company, or a liquidator of the company)

**The applicant will have to declare that the following statements are correct.**

- (a) All shareholders of the Company agree to the deregistration; and
- (b) The Company is not carrying on business; and
- (c) The Company's assets are worth less than \$1000; and
- (d) The Company has paid all fees and penalties under the Corporations Law; and
- (e) The Company has no outstanding liabilities; and
- (f) The Company is not a party to any legal proceedings.

### Name of Applicant

Surname & given name(s) of individuals, name & ACN for companies.

**Name** \_\_\_\_\_

**Address** (Not PO BOX) \_\_\_\_\_

### Details of Nominee

If the **applicant is the Company**, it must nominate a person to be given notice of the deregistration.

**Name** \_\_\_\_\_

**Address** (Not PO BOX) \_\_\_\_\_

### Section B - Officers who will be present and ALL Shareholders.

Surname and given name(s) of individuals, name & ACN for companies

	Director	Shareholder
_____	<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 C - Meeting (Please provide full address and date)

**Location of meeting** \_\_\_\_\_

**Date of meeting** \_\_\_\_\_ **Time** \_\_\_\_\_

**Directors** \_\_\_\_\_

**Shareholder** \_\_\_\_\_

**Chairperson** \_\_\_\_\_

**PLEASE NOTE:** IF YOU DO NOT HOLD AN ACCOUNT WITH COMPANIES BY QUORUM SERVICES PTY LTD ACN 083 201 432, PLEASE PROVIDE THE PAYMENT WITH YOUR ORDER. (SEE CURRENT FEE SCHEDULE). EMAIL ALL ORDER FORMS TO info@quorum-services.com.au.