



Companies By  
Quorum Services Pty Ltd

Ph: 07 5574 0698

PO Box 288 Nerang QLD 4211

www.quorum-services.com.au

info@quorum-services.com.au

Office: By Appointment Only



# Company Order Form

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 register a company should obtain advice from a legal practitioner or accountant to ensure the Company is suitable for its intended use.

## Name required

(ASIC register all names in upper case only. If you wish the company register to show the name partly or wholly in lower case please indicate in 'Special instructions'.)

Is the proposed name identical to an existing business name?  Yes  No if YES, please complete number below

BN/ABN	_____	State	_____
BN/ABN	_____	State	_____

I DECLARE that I/we make this application for the company name as, or on behalf of, and with the authority of the registered owner/s of the above identical business name/s.

Name \_\_\_\_\_ Signed \_\_\_\_\_

## Company Options

- Full Documentation Hard Copy - including fully completed register, preparation of necessary ASIC lodgements, Bank Account Kit, 3 Copies of the Constitution (including Division 7a Compliant), Deluxe A4 binder, couriered to your door
- Digital Version
- Replace standard A4 binder with larger foolscap binder
- Common seal required

Will this company act solely as a trustee of a regulated Superannuation Fund?  Yes  No

State Please change state if this company is to be registered outside of QLD \_\_\_\_\_

## Consents (One box must be selected)

- Signed consents from all proposed officers and shareholders are attached. (Signatures required on all consents)
- I/We are holding the required consents from all proposed officers and shareholders. I/We agree to be the applicant for the registration of the company and appoint **Companies By Quorum Services Pty Ltd** to act as my/our agent.  
(Signature not required)

## Registered office

\_\_\_\_\_  
\_\_\_\_\_

Principal place of business  as above or

\_\_\_\_\_  
\_\_\_\_\_

## Ultimate holding company (if any)

Company Name \_\_\_\_\_  
ACN \_\_\_\_\_  
Country of Origin \_\_\_\_\_

## Special instructions

\_\_\_\_\_  
\_\_\_\_\_

**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.

## DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 1

Please include full names of the persons ie Greg John SMITH & if the shareholder is a company ie COMPANY PTY LTD A.C.N. 000 000 000

Name \_\_\_\_\_

Address \_\_\_\_\_

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is acceptable for shareholders only.)

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

**Positions Held**     Director     Secretary     Public Officer     Shareholder

### Shareholdings

Number of **ORDINARY** Class Shares \_\_\_\_\_ Paid **\$1.00** p/share or \$ \_\_\_\_\_ Unpaid \$ \_\_\_\_\_

Number of **OTHER** Class Shares \_\_\_\_\_ Class of Share \_\_\_\_\_ Paid **\$1.00** p/share or \$ \_\_\_\_\_ Unpaid \$ \_\_\_\_\_

**Are the shares beneficially held?** (This must be completed)     Yes     No

If no, please provide name of holder (Optional) \_\_\_\_\_

### Signed Consent

I hereby consent to be named in the ASIC application for registration as a company as:

1. An officer of the company in the capacities indicated above; and
2. (if indicated above) A shareholder who has agreed to take up the shares listed above and (if the company has elected to have a constitution) who has agreed to the terms of the proposed Companies by Quorum Services Pty Ltd standard constitution.

Date \_\_\_\_\_ Sign Here \_\_\_\_\_

## DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 2

Please include full names of the persons ie Greg John SMITH & if the shareholder is a company ie COMPANY PTY LTD A.C.N. 000 000 000

Name \_\_\_\_\_

Address \_\_\_\_\_

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is acceptable for shareholders only.)

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

**Positions Held**     Director     Secretary     Public Officer     Shareholder

### Shareholdings

Number of **ORDINARY** Class Shares \_\_\_\_\_ Paid **\$1.00** p/share or \$ \_\_\_\_\_ Unpaid \$ \_\_\_\_\_

Number of **OTHER** Class Shares \_\_\_\_\_ Class of Share \_\_\_\_\_ Paid **\$1.00** p/share or \$ \_\_\_\_\_ Unpaid \$ \_\_\_\_\_

**Are the shares beneficially held?** (This must be completed)     Yes     No

If no, please provide name of holder (Optional) \_\_\_\_\_

### Signed Consent

I hereby consent to be named in the ASIC application for registration as a company as:

1. An officer of the company in the capacities indicated above; and
2. (if indicated above) A shareholder who has agreed to take up the shares listed above and (if the company has elected to have a constitution) who has agreed to the terms of the proposed Companies by Quorum Services Pty Ltd standard constitution.

Date \_\_\_\_\_ Sign Here \_\_\_\_\_

## DETAILS OF PROPOSED OFFICER AND/OR SHAREHOLDER 3

Please include full names of the persons ie Greg John SMITH & if the shareholder is a company ie COMPANY PTY LTD A.C.N. 000 000 000

Name \_\_\_\_\_

Address \_\_\_\_\_

(ASIC require all location addresses to include a unit and street or lot numbers. A post office box is acceptable for shareholders only.)

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

**Positions Held**     Director     Secretary     Public Officer     Shareholder

### Shareholdings

Number of **ORDINARY** Class Shares \_\_\_\_\_ Paid **\$1.00** p/share or \$ \_\_\_\_\_ Unpaid \$ \_\_\_\_\_

Number of **OTHER** Class Shares \_\_\_\_\_ Class of Share \_\_\_\_\_ Paid **\$1.00** p/share or \$ \_\_\_\_\_ Unpaid \$ \_\_\_\_\_

**Are the shares beneficially held?** (This must be completed)     Yes     No

If no, please provide name of holder (Optional) \_\_\_\_\_

### Signed Consent

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Date \_\_\_\_\_ Sign Here \_\_\_\_\_