



# Instructions for LRBA – Custodian Company

## A. Proprietary Limited Company order and delivery instructions

### Your details

Name

Date

Organisation

ACN/ABN

Delivery  
Address

Phone

Email

Your Ref No.

### Delivery options

(please tick the appropriate box)

- DIY print - Please deliver all documents to me via e-mail **\$759\***
- Hard copy - Please print, bind and deliver all documents to me in a binder via express post **\$803\***

**\*Prices are GST inclusive. The prices include the ASIC registration fee of \$506 (GST free).**

### Please complete below

By ticking this box, I/we confirm that:

- each of the persons listed in this order as directors and/or secretaries have given written consent to their appointment to the proposed company [sections 117(2) and 117(5) *Corporations Act*];
- each of the persons listed in this order as members of the company have read the proposed constitution and have given written consent to its terms and to becoming a member of the proposed company (for the purpose of sections 117(2), 117(5) and 136 *Corporations Act*);
- the occupier of the registered office address (if not the company) has given written consent to the company using that address as the company's registered office [section 100 *Corporations Act*],

and I/we appoint Document Shop Pty Ltd to sign the Application for Registration of the company being ordered as an agent on my/our behalf.

# B. Basic Details:

## Name of Company

Choice 1

Choice 2  
(if choice 1 unavailable)

## Identical to a registered business name?

Is the proposed company name identical to an existing registered business name? **Yes / No**

If **Yes**, are you the owner of that business name? **Yes\*** / **No**

\*Please note, that the existing owner of the Business Name must become a director or shareholder of this new Company in order to use the same name.

## Special Purpose Company?

Will the company act solely as the trustee for a regulated superannuation fund? **Yes / No**

## Registered office

Street Address (not PO Box):

Will the company occupy the registered office? **Yes / No**

If **No**, name of occupier

Principal business office  
(if different to above)

## Directors

[There must be at least 1 director. One director must be an Australian resident]

Full Name (& Former Name if applicable)	Street Address <i>(if no street number, then either Lot No. or RMB No. must be provided)</i>	Date of birth	Place of birth (Town/City & State/Country)
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### Company secretary

[There must be at least 1 company secretary. One company secretary must be an Australian resident]

Full Name (& Former Name if applicable)	Street Address	Date of birth	Place of birth [Town/City & State/Country]

### Public officer

[for taxation purposes] [note: if none appointed, the secretary will be the public officer]

Full Name	Street Address	Date of birth	Place of birth

### Members

Full Name	Street Address <i>[PO Box not acceptable]</i>	Number & class of shares	Shares held as Trustee? Y/N If Yes, name of Trust	Amount agreed to pay per share	Total \$ paid per share

### Ultimate holding company

Will the company have an Ultimate Holding Company on registration? **Yes/No**

If **Yes**, complete the following details for the Ultimate Holding Company:

Company Name:

ACN/ARBN/ABN:

Country of incorporation:

### State or Territory of registration?

### Logo

Would you like us to include your logo on the documents?

- Yes - please e-mail to us your logo for insertion
- No - we will include the Document Shop logo

## Other requirements

(including special provisions for Constitution, if any)

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## Acceptance of terms and conditions

By ticking this box, I/we acknowledge that I/we have read and agree to the Document Shop Pty Ltd *terms and conditions and acknowledgement* [available on our website at [www.documentshop.com.au](http://www.documentshop.com.au) or contact us at [info@documentshop.com.au](mailto:info@documentshop.com.au) and we will e-mail or post a copy to you].

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## Payment

Please debit the following credit card by the amount of \$ \_\_\_\_\_ (GST inclusive):

Type of Card     Mastercard             Visa                     Bankcard

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ CSC \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

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Please return this order form to [info@documentshop.com.au](mailto:info@documentshop.com.au).  
Your order will be processed once payment has been received.