documentshop

Instructions for registration of a Proprietary Limited Company

A. Order and delivery instructions

Your details	
Name	Date
Organisation	ACN/ABN
Member No.	
* Want to become a Member? See our website www.documentshop.com.au.	
Street Address	
Delivery Address (if different)	
Phone	Facsimile
Email	
Your Ref No.	

Delivery options
(please tick the appropriate box)

☐ DIY print - Please deliver all documents to me via e-mail **$999***

☐ Hard copy - Please print, bind and deliver all documents to me in a binder via courier **$1076***

*Prices are GST inclusive. The prices **include the ASIC registration fee of $636** (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 (available on our website at www.documentshop.com.au or call us on 1300 667 817) 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 authorised to use that registered business name? **Yes*** / **No**

If Yes *:

ABN of existing owner:

Are all proprietors of the business name to be members of the company? **Yes** / **No**

*Please note, that by completing the above section, you declare that you are either the registered owner(s) of the business name or that you are authorised by the registered owner(s) of the identical business name to use that business name and to make this application to register a company with that name and also authorise Document Shop Pty Ltd and its suppliers to register the company with that name.

Special Purpose Company?

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

Company Purpose?

What will the Company be used for?

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 *(if no street number, then either Lot No. or RMB No. must be provided)*	Director ID	Date of birth	Place of birth (Town/City & State/Country)

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 *(PO Box not acceptable)*	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)

Identity verification

As part of our obligations as a professional services provider under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Act) we are required to gather certain information to ensure compliance with anti-money laundering and counter-terrorism financing obligations.

Please provide the following information by email to info@documentshop.com.au:

- Please provide a copy of photographic ID (eg drivers licence or passport) for each Director, Secretary, Public Officer, and Member of the Company.

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 or email info@documentshop.com.au and we will e-mail or post a copy to you].

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_____

Please return this order form to info@documentshop.com.au or call 1300 667 817 with any questions.
Your order will be processed once payment has been received.