



Kevin P. Scambler
 & ASSOCIATES
 Ph 07 5452 7205

COMPANY REGISTRATION ORDER FORM

Name: _____
 Address: _____
 Phone: _____

Preferred Company Name/s _____

Is this name a Registered Business Name? YES NO If Yes, in which State/s or Territory/s is it registered? _____

Registered Office Address _____
 (in full)

Occupier _____
 (Only required if Registered Office is c/- accountants, solicitors etc)

Full Principal Place of Business _____

DETAILS OF COMPANY OFFICERS AND SHAREHOLDERS

#1 (To be Chairman)

Family Name _____ GivenName/s _____

Full Street Address _____

Date of Birth _____ Place of Birth (Town/State/Country) _____

Number of Shares _____ Class ORD or _____ Paid: \$1/share OR:\$ _____ *Beneficially Held? YES

Positions Held DIRECTOR SECRETARY PUBLIC OFFICER NO

#2 Family Name _____

_____ GivenName/s _____

Full Street Address _____

Date of Birth _____ Place of Birth (Town/State/Country) _____

Number of Shares _____ Class ORD or _____ Paid: \$1/share OR:\$ _____ *Beneficially Held? YES

Positions Held DIRECTOR SECRETARY PUBLIC OFFICER NO

I, _____ hereby declare that I hold the necessary consent/s of the party/s listed above.
 (Print Name)

Signature Required

PAYMENT DETAILS: Please debit the following card details by the amount of **\$ 1637.80**

TYPE OF CARD: Visa Mastercard Cheque

CARD NUMBER: _____ **EXPIRY DATE:** (/)

NAME ON CARD: _____ **SIGNATURE:** _____

Please return this Form on **FAX 07 5452 7206** or call with any queries