**Public Company** Limited by Guarantee,

Limited by Shares and No Liability

**Person ordering**

|  |  |
| --- | --- |
| Name:       |  |
| Firm:       | Member Number:       |
| Phone:       |  | Email:       |

**Payment details**

Please select products you require and provide credit card details for payment.

|  |  |  |
| --- | --- | --- |
| Company Limited by Guarantee | [ ]  **$921** | includes $503 ASIC fee (GST free) |
| Company Limited by Shares | [ ]  **$1,029** | includes $611 ASIC fee (GST free) |
| No Liability Company | [ ]  **POA** | includes $611 ASIC fee (GST free) |
| Hard copy documents (Bound and delivered) | [ ]  **$110** |
| Slimline (documents in presentation box)  | [ ]  **$66** | Company Seal  |  [ ]  **$45** |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  On Account\*  | [ ]  Visa  | [ ]  Mastercard  |  [ ]  Amex |
| Card Holder Name:       |
| Credit Card Number:       |
| Expiry Date:       /       | Authorised Card Signature:       |

All prices include GST, and the documents will be sent to the nominated email address in PDF format.

Note that our staff will call you to request the CVV when payment is processed.

\*To pay on account, you must have a current On Account Agreement with Docscentre Pty Ltd.

**Please complete all details in legible handwriting and provide full legal names.**

**Return completed form to** **info@docscentre.com.au**



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**Proposed company name**

|  |
| --- |
| 1st Choice:       |
| 2nd Choice:       |
| Please note, if the first choice is unavailable, the 2nd choice will be used. |
| If Limited by Guarantee is selected, what is the guarantee amount?  | $      |  |
| State of incorporation: |       |  |

**Company Details**

|  |  |  |
| --- | --- | --- |
| Is the company name identical to an existing business name? | [ ]  Yes | [ ]  No |
| If the company is limited by guarantee, will it be a special purpose company for Charitable reasons? | [ ]  Yes | [ ]  No |
| Registered business name:  |       |  (if identical to company name) |
| State of Registration:  |       | Registration Number:       |

Please note, by completing the above section, you declare that the directors/members named in this form are the registered owner(s) of the name and authorise Docscentre Pty Ltd to register the company in that name.

**Registered Office**

|  |  |  |  |
| --- | --- | --- | --- |
| Street address:  |       |  |  |
| (not a PO BOX) |       | State:       | Postcode:       |
| Does the company occupy these premises? | [ ]  Yes | [ ]  No |
| If no – please complete the following -  |  |  |
| Occupiers Name: |       |  |  |
| Name of individual to sign occupiers’ consent:       |

**Principal Business Office**

|  |  |  |  |
| --- | --- | --- | --- |
| Street address:  |       |  |  |
| (not a PO BOX) |       | State:       | Postcode:       |

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**Note: Public companies will need a minimum of three directors, two of which must reside in Australia.**

**A secretary will need to be nominated at the time of establishment. Only one Public Officer can be nominated.**

**Officeholder/members’ information \***if there is not enough space, please add further pages as appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Officeholder 1**Last Name |       |  | **Officeholder 2**Last Name |        |
| First & Middle Names | ]      |  | First & Middle Names |        |
| Former/Maiden Name |       |  | Former/Maiden Name |        |
| Residential Address |       |  | Residential Address |        |
|       |  |       |
| D.O.B       / |         /       |  | D.O.B       / |         /       |
| Town/City of Birth |       |  | Town/City of Birth |        |
| State/Country of Birth |       |  | State/Country of Birth |        |
| Number of shares  |       (if applicable) |  | Number of shares |        (if applicable) |
| Director Identification Number |         |  | Director Identification Number |        |
| [ ]  Director | [ ]  Secretary | [ ]  Public Officer |  | [ ]  Director |  [ ]  Secretary | [ ]  Public Officer |
| [ ]  Member | (if a member, please fill out below) |  | [ ]  Member | (if a member, please fill out below) |
| ATF (if applicable) |       |  | ATF (if applicable) |        |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of shares |       |  | Number of shares |        |
| Share Class  |       (if not ordinary) |  | Share Class |         (if not ordinary) |
| Amount paid per share |       (if not $1) |   | Amount paid per share |        (if not $1) |

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**Officeholder/members’ information \***if there is not enough space, please add further pages as appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Officeholder 3**Last Name |       |  | **Officeholder 4**Last Name |        |
| First & Middle Names | ]      |  | First & Middle Names |        |
| Former/Maiden Name |       |  | Former/Maiden Name |        |
| Residential Address |       |  | Residential Address |        |
|       |  |       |
| D.O.B       / |         /       |  | D.O.B       / |         /       |
| Town/City of Birth |       |  | Town/City of Birth |        |
| State/Country of Birth |       |  | State/Country of Birth |        |
| Number of shares  |       (if applicable) |  | Number of shares |        (if applicable) |
| Director Identification Number |         |  | Director Identification Number |        |
| [ ]  Director | [ ]  Secretary | [ ]  Public Officer |  | [ ]  Director |  [ ]  Secretary | [ ]  Public Officer |
| [ ]  Member | (if a member, please fill out below) |  | [ ]  Member | (if a member, please fill out below) |
| ATF (if applicable) |       |  | ATF (if applicable) |        |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of shares |       |  | Number of shares |        |
| Share Class  |       (if not ordinary) |  | Share Class |          (if not ordinary) |
| Amount paid per share |       (if not $1) |  | Amount paid per share |       (if not $1) |

**Please note: If a company is applying for shares, the directors of that company should have resolved to authorise a director (or some other person) to sign the application for shares.**



**Are there any additional members? If yes, please select this box and complete over page** [ ]  (please select)

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**Additional members -** if there is not enough space, please add further pages as appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Last Name |       |  | 2. Last Name |        |
| First & middle Names |        |  | First & middle Names  |        |
| Street Address |       |  | Street Address |        |
|       |   |  |       |  |
| ACN or D.O.B |       |  | ACN or D.O.B |        |
| ATF (if applicable) |       |  | ATF (if applicable) |        |
| Number of shares |       |  | Number of shares |        |
| Share Class  |       (if not ordinary) |  | Share Class |        (if not ordinary) |
| Amount paid per share |       (if not $1) |  | Amount paid per share |        (if not $1) |

**Director, Secretary and Member consents**

I consent to act as a director (and/or secretary, if applicable) of this company and where applicable I apply for the share(s) specified above and agree to be bound by the constitution of the company. I appoint Docscentre Pty Ltd to be my agent for the purpose of registration of the company.

**Please sign and date below**

|  |  |
| --- | --- |
| 1. Full Name:       | Date:       /       /       |
| 2. Full Name:       | Date:       /       /       |
| 3. Full Name:       | Date:       /       /       |
| 4. Full Name:       | Date:       /       /       |

Should the above consents not be signed by the relevant officeholder/member, you acknowledge that all relevant consents to act as officeholder and to be a member (and to be bound by the Constitution of the Company) as required by the Corporations Act 2001 have been given and that Docscentre Pty Ltd has been appointed to act as the agent for the purpose of registration of the company.

**Specific Requirements**

|  |
| --- |
| 1. For a public company limited by guarantee, what are the objects of the company?

Please complete below and over page, or attach a statement of objects in Word format. |
|       |
|       |
|       |

Continued over page

**Public Company** Limited by Guarantee,

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**Specific Requirements continued**

|  |  |
| --- | --- |
| 1. How many members entitled to vote will constitute a quorum?
 |  |

**Additional Instructions (if any) - attach additional sheets if more space required.**

|  |
| --- |
|       |
|       |
|       |
|       |
|       |



By completing this order form and returning to Docscentre you confirm that you have read and accepted our terms and conditions which can be found here – [www.docscentre.com.au/terms-and-conditions/](http://www.docscentre.com.au/terms-and-conditions/)

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