

Incorporate a new company

YOUR CONTACT DETAILS

Name:

Street Address:

Postal Address:

Telephone:

Fax:

Mobile:

Email:

Send documentation to Street Address (*above*)

Send documentation to Registered Address (*below*)

Send documentation to Principal Place of Business (*below*)

PROPOSED COMPANY DETAILS

Preferred Company Name:

2nd Preferred Company Name:

3rd Preferred Company Name:

Is the company's sole purpose to act as trustee of a superannuation fund?

Yes

No

State of Incorporation:

Registered Address: (*Registered Address must be a street address and not a post office box*)

Does the company occupy the Registered Address?

Yes

No

If no, name of occupant:

Is the Registered Address the Principal Place of Business?

Yes

No

If not, Principal Place of Business Address:

OFFICER/MEMBER 1

Director

Secretary

Chairperson

Public Officer

(*Officer/ Member 1 defaults as Director, Secretary, Chairperson and Public Officer*)

Given Names:

Surname:

Date of Birth:

Tax File Number:

Place of Birth: (town, state, country)

Shareholder?

Yes

No

Shares beneficially held?

Yes

No

Complete share details if not adopting default:

Number of Shares

Class of Share

Paid per Share

1 or:

ORD or:

\$1.00 or:

OFFICER/MEMBER 2

Director Secretary Chairperson Public Officer

Given Names:

Surname:

Date of Birth:

Tax File Number:

Place of Birth: (town, state, country)

Shareholder?

Yes No

Shares beneficially held?

Yes No

Complete share details if not adopting default:

Number of Shares

Class of Share

Paid per Share

1 or:

ORD or:

\$1.00 or:

OFFICER/MEMBER 3

Director Secretary Chairperson Public Officer

Given Names:

Surname:

Date of Birth:

Tax File Number:

Place of Birth: (town, state, country)

Shareholder?

Yes No

Shares beneficially held?

Yes No

Complete share details if not adopting default:

Number of Shares

Class of Share

Paid per Share

1 or:

ORD or:

\$1.00 or:

OFFICER/MEMBER 4

Director Secretary Chairperson Public Officer

Given Names:

Surname:

Date of Birth:

Tax File Number:

Place of Birth: (town, state, country)

Shareholder?

Yes No

Shares beneficially held?

Yes No

Complete share details if not adopting default:

Number of Shares

Class of Share

Paid per Share

1 or:

ORD or:

\$1.00 or:

CONSENT AND AGREEMENT

By ticking this box, we confirm that all necessary consent has been obtained and is held, including consent to appointment under the Corporations Act, for all person/s listed on this form, and consent to Platinum Accounting & Taxation Pty Ltd and/or its agent to sign the Application of this company as agent. We acknowledge that we are liable to pay fees to Platinum Accounting & Taxation Pty Ltd for the service provided.

Date:

Signature 1:

Signature 2:

Print Name:

Print Name:

Signature 3:

Signature 4:

Print Name:

Print Name:

PAYMENT (NON-REFUNDABLE)

Please Note: Company incorporation will not proceed until full payment is received/cleared.

Enclosed a cheque made payable to Platinum Accounting & Taxation Pty Ltd

EFT Payment details: *(use applicant surname as the reference)*

ANZ Bank

BSB: 013-017

Account Number: 4953-98099

Cash accepted

Credit Card:

Cardholder's Name:

Cardholder's Signature:

Type of Card: Visa MasterCard

Card Number:

Expiry Date:

Card Verification Value:

Amount: \$

Returning the Form

Email all information to: info@platinumaccounting.com.au