

Level 1, 224 Rokeby Road Subiaco WA 6008 PO Box 1725 Subiaco WA 6904

> Tel: (08) 9388 0551 Fax: (08) 9388 6551

Shareholders Agreement (Short Form) Instructions

THE COMPANY

Name:									
A.C.N. (if applicable)									
Directors Names (if applicable):									
а	as Trustee for (if applicable):								
<i>P</i>	Address:								
COMPANY'S BUSINESS, TURNOVER/ANTICIPATED TURNOVER									
The business of the Company is									
The annual turnover/anticipated turnover of the business is \$									
SHAREHOLDERS									
/									
_	Shareholders	Shareholders Address	Number of Ordinary fully paid shares	Issue Price per Share	Other shares (if relevant)	Amounts (if any) loaned by Shareholders to the Company on commencement	Nominated Director		
-									
-									
/1		1			1	I			
NUMBER OF DIRECTORS REQUIRED TO CONSTITUTE A QUORUM FOR BOARD MEETINGS									
Default provision is one director appointed by each shareholder that is entitled to appoint a Director: Yes / No (please circle)									
[DISCOUNT RATE ON SALE PRICE OF SHARES OF DEFAULTING SHAREHOLDER								
	Default is 10% or s	specify percentage	:	%.					

Web: <u>www.panthercorp.com.au</u> Email: <u>order@panthercorp.com.au</u>

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TYPE OF RESOLUTION REQUIRED TO PASS RESOLUTIONS ON MOST IMPORTANT SPECIFIED MATTERS

				
Special Resolution (75%) / Unanimous Resolution (please circle)				
FINANCIAL RISK important busine	CAP (threshold beyond which Board needs further approval to make a decision of ss matters)			
	or such other higher amount as the Board may set by passing the type of resolution specified in). Specify if other amount preferred: \$			
ALSO AVAILABL	E FOR YOUR CONVENIENCE / ADDITIONAL REQUIREMENTS			
	further requirements that you would like to discuss with Trainor Legal. Further fees may apply requirements and Trainor Legal will contact you to discuss.			
□ Yes □ No				
Details:				
	<i>)</i>			
APPLICANT DETA	AILS			
Firm Name:				
Address:				
Telephone:	Facsimile:			
Email Address:	Deadline:			
Payment Details: (in	nc GST)			
□ \$550.00 (not inc	luding any further requirements)			
☐ Direct Deposit (E	3SB: 124-001 Account Number: 0104 8552) or Charge our Credit Card: ☐ Visa ☐ Mastercard			
Card Number:	Expiry Date:			
Name of Cardholder: .	Signature:			

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