P 1800 773 477 F 1800 655 556 acis@acis.net.au acis.net.au

## **Shareholders Agreement Order Form**



Name			Phone			
Firm			E-mail			
Agreem	ent De	tails				
Name of Cor	npany					
ACN	1					
Officer Names and Roles (First Officer listed to be Chairman, first 2 Officers to be signatories)						
				Director Secretary		
				☐ Director ☐ Secretary ☐ Director ☐ Secretary		
				☐ Director ☐ Secretary ☐ Director ☐ Secretary		
Specific man	d					
be used in cor		or the restraint of outgoing Shareholders not to	compete with the business of the Cor	mpany (up to 3 diternatives which will		
Area of Rest	raint 1.	2.	3.			
Period of Res	straint 1.	2.	3.			
NOTE: Mult	tiple areas	and periods of restraint will be cumulative if when determining if a particular restrain	specified i.e. each combination of a	area and period will be considered		
Shareholder Details IMPORTANT: Full, verifiable names are required.						
Shareholder						
(include ACN if Company)						
		(include Trust and Trustee details if applicable)				
Officer Name and Roles				☐ Director ☐ Secretary		
(First 2 Officers to be signatories)	to be			☐ Director ☐ Secretary		
				☐ Director ☐ Secretary		
				☐ Director ☐ Secretary		
Shareholder (include ACN if						
Officer Name		(include Trust and Trustee details if applicable)				
Officer Names and Roles (First 2 Officers to be signatories)			Director Secretary			
				Director Secretary		
				Director Secretary		
				Director Secretary		
Shareholder Name (include ACN if Company)						
Officer Name		(include Trust and Trustee details if applicable)				
and Roles (First 2 Officers signatories)				Director Secretary		
				Director Secretary		
				Director Secretary		
				Director Secretary		





Shareholder D	IMPORTANT: Full, verifiable names are required.						
Shareholder Name (include ACN if Company)							
Officer Names	(include Trust and Trustee details if ap	plicable)					
and Roles				Director Secretary			
(First 2 Officers to be signatories)				☐ Director ☐ Secretary			
				☐ Director ☐ Secretary			
				☐ Director ☐ Secretary			
Shareholder Name (include ACN if Company)							
	(include Trust and Trustee details if ap	nlicable)					
Officer Names	(include Trust and Trustee details if ap	plicable)					
and Roles (First 2 Officers to be				Director Secretary			
signatories)				□ Director □ Secretary			
				☐ Director ☐ Secretary			
				Director Secretary			
Shareholder Name (include ACN if Company)							
	(include Trust and Trustee details if ap	plicable)					
Officer Names				☐ Director ☐ Secretary			
and Roles (First 2 Officers to be signatories)				Director Secretary			
Signatories				☐ Director ☐ Secretary			
				Director Secretary			
Additional Inf	formation/Special Inst	ructions					
D 1 D. 1	•1 -						
Payment Details							
Please debit the following card details by the amount of \$330.00 (inc GST)							
Type of Card	ype of Card Visa Mastercard Diners Club* Amex* *3% SURCHARGE APPLIES						
Card Number			Expires				
Name on Card			Signature				