

eDOCS PTY LTD

A.C.N. 096 264 667

Postal Address:

PO Box 12784
A'Beckett Street
MELBOURNE VIC 8006

Office Address:

Level 6
160 Queen Street
MELBOURNE VIC 3000

Contact:

eMail: mail@edocs.net.au
PH: (03) 9005 4985
FAX: (03) 9005 4989

COMPANY ORDER FORM

Proposed Company Name

Name: PTY LTD

(The legal elements of the proposed company will be PTY LTD unless otherwise specified)

State of registration of proposed company:

Does a Business Name exist for the proposed Company Name
and do you have authority to use the name?

Yes ☐ No ☐

If yes, Business Name Registration No.: State:

Applicant Details

Organisation Name:

Contact Person: Ph:

Email: Fax:

Street Address:

Suburb:

State: P/C:

Postal Address:

Suburb:

State: P/C:

Preferred Delivery Address:

☐ Street Address ☐ Postal Address: ☐ Other (please specify):

Order Selection (please tick)

- | | |
|--|-----------|
| <input type="checkbox"/> Elite | \$ 687.00 |
| <input type="checkbox"/> Budget (Register on CD) | \$ 557.00 |
| <input type="checkbox"/> Common Seal (Optional) | \$ 40.00 |

Suburb:

State: P/C:

Payment Details

Chq Encl ☐ On Account ☐ Mastercard ☐ Bankcard ☐ Visa ☐

(please tick)

Direct Bank Credit Transfer
Bank of Melbourne
BSB 033146 Acc. No. 198700

TOTAL \$

Card Number

Cardholder

Signature _____ Expiry Date mm yy

Company Addresses

Registered Office:

Suburb:

--

State:

--

 P/C:

--

Occupier's Name:
(if company does not occupy the Registered Office)

--

Principal Place of Business:

(If different to Registered Office)

Suburb:

--

State:

--

 P/C:

--

☐ Same as Registered Office:

Declaration

I/We _____ hereby declare that all the proposed Directors and/or Members have consented to Act in writing (*as detailed in the Application*) and confirm that eDocs Pty Ltd has been appointed to Act as Agent for the sole purpose of registration of the proposed company.

Signed _____ Print Name _____ Date / /

Company Officeholder &/or Member

Surname:

--

 Given Name(s):

--

 Former Names:

--

or Company Name:

--

 A.C.N.:

--

Address:

--

Suburb:

--

 State:

--

 P/C:

--

 Country (if not Aust):

--

Date of Birth:

--

 Place of Birth (Town/State):

--

 Country of Birth (if not Aust):

--

☐ Director ☐ Secretary ☐ Chairperson ☐ Public Officer ☐ ShareholderShare Type:

--

 No. of Shares:

--

 Fully paid ? ☐ Yes ☐ No Amount paid per share:

--

 Amount due per share:

--

Held in Trust ? ☐ Yes ☐ No If yes, In trust for

--

Company Officerholder &/or Member

Surname:

--

 Given Name(s):

--

 Former Names:

--

or Company Name:

--

 A.C.N.:

--

Address:

--

Suburb:

--

 State:

--

 P/C:

--

 Country (if not Aust):

--

Date of Birth:

--

 Place of Birth (Town/State):

--

 Country of Birth (if Not Australia):

--

☐ Director ☐ Secretary ☐ Chairperson ☐ Public Officer ☐ ShareholderShare Type:

--

 No. of Shares:

--

 Fully paid ? ☐ Yes ☐ No Amount paid per share:

--

 Amount due per share:

--

Held in Trust ? ☐ Yes ☐ No If yes, In trust for

--

Company Officerholder &/or Member

Surname:

Given Name(s):

Former Names:

or Company Name:

A.C.N.:

Address:

Suburb:

State:

P/C:

Country (if not Aust):

Date of Birth:

Place of Birth (Town/State):

Country of Birth (if Not Australia):

☐ Director☐ Secretary☐ Chairperson☐ Public Officer☐ Shareholder

Share Type:

No. of Shares:

Fully paid ?

Amount paid per share:

Amount due per share:

Held in Trust ?

☐ Yes☐ No

If yes, In trust for

Company Officerholder &/or Member

Surname:

Given Name(s):

Former Names:

or Company Name:

A.C.N.:

Address:

Suburb:

State:

P/C:

Country (if not Aust):

Date of Birth:

Place of Birth (Town/State):

Country of Birth (if Not Australia):

☐ Director☐ Secretary☐ Chairperson☐ Public Officer☐ Shareholder

Share Type:

No. of Shares:

Fully paid ?

Amount paid per share:

Amount due per share:

Held in Trust ?

☐ Yes☐ No

If yes, In trust for

Ultimate Holding Company (if applicable)

Holding Company Name:

A.C.N.:

Place of Incorporation (if Not Australia):

Special Instructions