

THE COMPANY PEOPLE

CONVERSION TO SINGLE DIRECTOR COMPANY ORDER FORM – Page 1 of 2

THE COMPANY PEOPLE PTY LTD <i>Tel: 1800 039 061</i> Website: www.thecompanypeople.com.au	PO Box 960 TORQUAY Victoria 3228 email: admin@thecompanypeople.com.au
FIRM/PERSON PLACING ORDER	
Firm Name:	Contact Name:
Address:	
Phone:	

PLEASE SUPPLY ONE CONVERSION TO SINGLE DIRECTOR COMPANY

Please include a copy of your last Annual Statement or Memorandum and Articles of Association.

Company Name _____

A.C.N. _____

Registered Office Address _____

CONTINUING DIRECTOR/SECRETARY

Full name of Director: _____

Residential Address: _____

Date of Birth: _____ Place of Birth: _____ Country of Birth: _____

Is the continuing Director also the Current Secretary? **Yes/No**

If "No" will he now become the Secretary? **Yes/No**

RETIRING OFFICERS

1. Full name _____

Residential address : _____

Date of Birth: _____ Place of Birth: _____ Country of Birth: _____

Is the retiring Director also retiring as Secretary? **Yes/No**

Is the retiring Director also transferring their shares? **If so how many and what class?**

2. Full name _____

Residential address : _____

Date of Birth: _____ Place of Birth: _____ Country of Birth: _____

Is the retiring Director also retiring as Secretary? **Yes/No**

Is the retiring Director also transferring their shares? **If so how many and what class?**

WARNING: HAVE YOU CONSIDERED CAPITAL GAINS TAX AND STAMP DUTY IMPLICATIONS

If there are further Directors, Officers or Shareholders please photocopy and submit as part of your order .

Price: \$286.00 (Inc GST)

CONFIRMATION OF ORDER AND PAYMENT DETAILS

I, (print name) confirm that the persons/corporations named above have consented to act in the capacity shown. Payment for the company and/or other services will be as indicated below:

- Cheque enclosed \$
- Please debit my account - I understand that my firm/company will be liable to you for payment. I confirm that I am authorised to place this order on behalf of my firm/company.
- Please charge \$ _____ for this purchase to the following credit card account:
 Mastercard Visa

Card Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Expiry Date...../.....

Cardholder name.....

Address.....

Authorised Signatory*

* If payment is by credit card - signatory must be the cardholder. If by debit on trading account signatory to be authorised to sign on behalf of firm /company (available to approved clients only).