

THE COMPANY PEOPLE

COMPANY NAME RESERVATION - Page 1 of 2

THE COMPANY PEOPLE PTY LTD

**PO Box 960
TORQUAY Victoria 3228**

Tel: 1800 039 061

Website: www.thecompanypeople.com.au

email: admin@thecompanypeople.com.au

FIRM/PERSON PLACING ORDER

Firm Name:
Address:
Phone:

Contact Name:

We draw your attention to the Section 117 of the Corporations Act 2001 that a company must first receive written consent from a person before appointing them as a Director and/or Secretary. We are proceeding with the registration on the assumption that you have the proper authority to instruct us.

1. Proposed name of Company: _____

2. Company Type:

- Standard Pty Ltd
 Limited by Guarantee
 Public Unlisted
 Special Purpose Superannuation Trustee
 Other _____

3. State of Registration: _____

4. Is this identical to a Registered Business Name?: Yes / No

If Yes: **I DECLARE** that I make this application for the company name AS or ON BEHALF of, and with the authority of, all the registered owner(s) of the above identical business name(s).

Signature(s):

Print Name(s):

Date:

5. Registered Office Address

Address (No PO Box) Include Suite/Level: _____

6. Does the company occupy these premises: Yes / No

If No : The occupier of the premises has consented in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent.

7. Principal Place of Business (If same as Registered Office Address – put 'As Above')

Address (No PO Box) Include Suite/Level: _____

8. Will the company have an Ultimate Holding Company: Yes / No

If yes :
Name of Ultimate Holding Company: _____

Registered Office Address: _____

PRICE \$158.00 (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

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 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).