

INSTRUCTION FORM: CHANGE OF COMPANY NAME OR ADDRESS

YOUR DETAILS

I am _____ an advisor to an individual seeking to change a company name or address
_____ an individual seeking to change a company name or address

Full name

Address

Phone

Email

CURRENT COMPANY DETAILS

Current company name

ACN

Registered office

Address

Proposed resolution date

Current Corporate Key number

CHANGE OF COMPANY NAME

What would you like to change the company name to?

1st choice

2nd choice

Are your choices identical to an existing company name? Yes No

Go to asic.gov.au to check business name availability if you are unsure.

Is the name the same as an existing business name? *Yes No

Provide ABN or Registration Number of existing business name _____

**If yes, please contact Shelfdocs.*

CHANGE OF ADDRESS

Registered office:

Address

Is this care of another office? *Yes No

**If yes, please state the name of that office:*

New registered office:

Address

Principal place of business:

As above

Address

New principal place of business:

Address

LIST ALL CURRENT OFFICEHOLDERS AND MEMBERS IN THE COMPANY

Officeholder / Shareholder #1

Director Secretary Public Officer Shareholder

Full name

Address

Officeholder / Shareholder #2

Director

Secretary

Public Officer

Shareholder

Full name

Address

Officeholder / Shareholder #3

Director

Secretary

Public Officer

Shareholder

Full name

Address

Officeholder / Shareholder #4

Director

Secretary

Public Officer

Shareholder

Full name

Address

BILLING

Your chosen payment method:

Cheque in mail

Direct deposit

Bankcard

Mastercard

Visa

Please send me an invoice, which I agree to pay within 14 days

Card number

Name of cardholder

Expiry date

Direct deposit details:

National Bank Australia (Pirie Street)

BSB: 085-005 Account: 525 554 575

Reference: "Shelfdocs [INSERT YOUR COMPANY NAME HERE]"