

INSTRUCTION FORM: CHANGE OF OFFICEHOLDER/SHAREHOLDER

YOUR DETAILS

I am _____ an advisor to an individual seeking to change officeholder/shareholder(s)
_____ an individual seeking to change officeholder/shareholder(s)

Full name

Address

Phone

Email

COMPANY DETAILS

Company name

ACN

Registered office:

Address

Corporate key

Date of change

CHANGE OF OFFICEHOLDERS

Officeholder #1

Director - Cease

Director - New

Secretary - Cease

Secretary - New

Full name

Address

Date of birth

Town and country of birth

No. of shares

Class of shares

Value per share

Date of birth

Town and country of birth

No. of shares

Class of shares

Value per share

Beneficially held

Yes

No – Name of trust: _____

If you have additional officeholders, please include all relevant details in the textbox at the end of this form.

TRANSFER OF SHARES

Transfer #1

Transferor:

Full name

Address

Transferee:

Full name

Address

Number of shares being transferred

Class of shares being transferred

Amount paid per share (\$)

Transfer #2

Transferor:

Full name

Address

Transferee:

Full name

Address

Number of shares being transferred

Class of shares being transferred

Amount paid per share (\$)

Transfer #3

Transferor:

Full name

Address

Transferee:

Full name

Address

Number of shares being transferred

Class of shares being transferred

Amount paid per share (\$)

Transfer #4

Transferor:

Full name

Address

Transferee:

Full name

Address

Number of shares being transferred

Class of shares being transferred

Amount paid per share (\$)

If you have additional transfers, please include all relevant details in the textbox at the end of this form.

ISSUE OF SHARES

Issue #1

Full name

Address

Number of shares being
issued

Class of shares being
issued

Value per share (\$)

Issue #2

Full name

Address

Number of shares being
issued

Class of shares being
issued

Value per share (\$)

Issue #3

Full name

Address

Number of shares being
issued

Class of shares being
issued

Value per share (\$)

Issue #4

Full name

Address

Number of shares being
issued

Class of shares being
issued

Value per share (\$)

If you have additional shares to be issued, please include all relevant details in the textbox at the end of this form.

OTHER

Has any officer changed their name or address since the lodgment of the last return?

Yes* No

***If yes:**

Officeholder #1

Director Secretary

New Details:

Full name

Address

Former details:

Full name

Address

Officeholder #2

Director Secretary

New Details:

Full name

Address

Former details:

Full name

Address

Officeholder #3

Director

Secretary

New Details:

Full name

Address

Former details:

Full name

Address

Officeholder #4

Director

Secretary

New Details:

Full name

Address

Former details:

Full name

Address

If you have additional changes, please include all relevant details in the textbox at the end of this form.

LATEST ANNUAL RETURN

Once you submit this form, please attach your latest ASIC annual return to the return email.

Alternatively, please forward to:

Shelfdocs
GPO Box 467
ADELAIDE SA 5001

Are there any other instructions we should know about (including additional officeholders etc)?

ACKNOWLEDGEMENTS & APPOINTMENTS

I appoint Shelfdocs to change the officeholders/shareholders details of the abovementioned company as agent on our behalf.

I appoint Shelfdocs to act as agent to change the officeholders/shareholders details of the abovementioned company.

I confirm all officeholders/shareholders on this form have consented in writing to their appointments under section 117(5) of the *Corporations Act 2001*.

I attach the consent form signed by the officeholders/shareholders (see next page).

CONSENT TO ACT AS OFFICEHOLDER / SHAREHOLDER

Officeholder / Shareholder #1

I hereby consent to act as:

Director Secretary Public Officer Shareholder

in the abovenamed company and provide the following information:

Name ACN (if applicable)

Address

Signature Date

Officeholder / Shareholder #2

I hereby consent to act as:

Director Secretary Public Officer Shareholder

in the abovenamed company and provide the following information:

Name ACN (if applicable)

Address

Signature Date

Officeholder / Shareholder #3

I hereby consent to act as:

Director Secretary Public Officer Shareholder

in the abovenamed company and provide the following information:

Name ACN (if applicable)

Address

Signature

Date

Officeholder / Shareholder #4

I hereby consent to act as:

Director

Secretary

Public Officer

Shareholder

in the abovenamed company and provide the following information:

Name ACN (if applicable)

Address

Signature

Date

If you have any additional officeholders/shareholders, please print another copy of this page to complete and provide it to us at shelfdocs@lynchmeyer.com.au.

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]"