

INSTRUCTION FORM: NEW BUSINESS NAME

YOUR DETAILS

I am _____ an advisor to an individual seeking to create a new business name
_____ an individual seeking to create a new business name

Full name

Address

Phone

Email

BUSINESS NAME

New business name:

1st choice

2nd choice

3rd choice

Date of commencement (leave blank if upon registration): _____

Nature of business: _____

OWNER(S) OF BUSINESS NAME

Owner #1

The owner is a company an individual

Full name/Company name

ACN (if applicable)

Address/Registered office address

Owner #2

The owner is a company an individual

Full name/Company name

ACN (if applicable)

Address/ Registered office address

Owner #3

The owner is a company an individual

Full name/Company name

ACN (if applicable)

Address/ Registered office address

Owner #4

The owner is a company an individual

Full name/Company name

ACN (if applicable)

Address/ Registered office address

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

PLACE OF BUSINESS

Address

City

State

Postcode

ADDRESS FOR SERVICES OF NOTICES

As above

Address

City

State

Postcode

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

ACKNOWLEDGEMENTS & APPOINTMENTS

I appoint Shelfdocs to apply for registration of a new business name as agent on our behalf.

I appoint Shelfdocs to act as agent to register the abovementioned new business name.

I confirm all owners on this form have consented in writing to the registration of the abovementioned new business name.

I attach the consent form signed by the owners (see next page).

CONSENT BY OWNER(S)

Owner #1

I hereby consent to register the abovementioned new business name

Name of individual/Company name

ACN (if applicable)

Registered office address/Address

Signature

Date

Owner #2

I hereby consent to register the abovementioned new business name

Name of individual/Company name

ACN (if applicable)

Registered office address/Address

Signature

Date

Owner #3

I hereby consent to register the abovementioned new business name

Name of individual/Company name ACN (if applicable)

Registered office address/Address

Signature

Date

Owner #4

I hereby consent to register the abovementioned new business name

Name of individual/Company name ACN (if applicable)

Registered office address/Address

Signature

Date

If you have any additional owners, 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]"