

## INSTRUCTION FORM: INCORPORATION OF A COMPANY

### YOUR DETAILS

I am  an advisor to an individual seeking to incorporate a company  
 an individual seeking to incorporate a company

Full name

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Address

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Phone

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Email

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### THE COMPANY

#### Proposed name of the Company

First choice

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Second choice

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

Go to [asic.gov.au](http://asic.gov.au) to check business name availability if you are unsure.

State of incorporation \_\_\_\_\_ Common Seal required      Yes      No

Hard Copy Register Folder Required      Yes      No

#### Type of Company

Proprietary company       Public company

#### Special Purpose of Company (if applicable)

Superannuation trustee

Will the company have an ultimate holding company upon registration?      Yes      No

If you answered "Yes" to the above question, please provide the details for that company:

Company name

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ACN/ARBN/ABN

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## Registered Office of Company

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Address

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City

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State

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Postcode

Is the registered office care of another office?            Yes            No

If you answered "Yes" to the above question, please provide the name of that office:

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## Principal Place of Business

Tick "Yes" if the address is the same as the registered office            Yes

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Address

## OFFICEHOLDERS / SHAREHOLDERS

### Officeholder / Shareholder #1

Director

Secretary

Public Officer

Shareholder

---

Full name

---

Address

---

Date of birth

---

Town and country of birth

---

No. of shares

---

Class of shares

---

Value per share

Fully paid

Y

N

Are the shares held on behalf of another individual, organisation or trust?            Yes            No

If "Yes", name of another individual, organisation or trust: \_\_\_\_\_

### Officeholder / Shareholder #2

Director

Secretary

Public Officer

Shareholder

---

Full name

---

Address

---

Date of birth \_\_\_\_\_ Town and country of birth \_\_\_\_\_

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No. of shares \_\_\_\_\_ Class of shares \_\_\_\_\_ Value per share \_\_\_\_\_ Fully paid Y N

Are the shares held on behalf of another individual, organisation or trust? Yes No

If "Yes", name of another individual, organisation or trust: \_\_\_\_\_

**Officeholder / Shareholder #3**

Director Secretary Public Officer Shareholder

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Full name

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Address

---

Date of birth \_\_\_\_\_ Town and country of birth \_\_\_\_\_

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No. of shares \_\_\_\_\_ Class of shares \_\_\_\_\_ Value per share \_\_\_\_\_ Fully paid Y N

Are the shares held on behalf of another individual, organisation or trust? Yes No

If "Yes", name of another individual, organisation or trust: \_\_\_\_\_

**Officeholder / Shareholder #4**

Director Secretary Public Officer Shareholder

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Full name

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Address

---

Date of birth \_\_\_\_\_ Town and country of birth \_\_\_\_\_

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No. of shares \_\_\_\_\_ Class of shares \_\_\_\_\_ Value per share \_\_\_\_\_ Fully paid Y N

Are the shares held on behalf of another individual, organisation or trust? Yes No

If "Yes", name of another individual, organisation or trust: \_\_\_\_\_

*If you have additional officeholders/shareholders, please include all relevant details in the textbox below.*

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

## **ACKNOWLEDGEMENTS & APPOINTMENTS**

I appoint Shelfdocs to apply for registration of the company as agent on our behalf.

I appoint Shelfdocs to act as agent to incorporate the above named 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:

\_\_\_\_\_

Full 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:

\_\_\_\_\_

Full 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:

\_\_\_\_\_  
Full 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:

\_\_\_\_\_  
Full 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](mailto: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

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Card number

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Name of cardholder

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Expiry date

### **Direct deposit details:**

National Bank Australia (Pirie Street)

BSB: 085-005      Account: 525 554 575

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