

On completion of this form, please send to O'Loughlins Lawyers.

Attention: Angela Rossi
Via Post: GPO Box 2410
Adelaide SA 5001

Or Fax: (08) 8111 4099

Requesting Party

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email Address: _____ Telephone: _____ Fax: _____

Date documents required: _____

Company Details

Name of Company: _____

Nature of Business: _____

If the proposed company name is identical to an existing business name, please complete the following information if available.

Business Name: _____ Registration Number: _____

State of Registration: _____

Name of Proprietor(s): _____

Registered Office

Address: _____

Suburb: _____ State: _____ Postcode: _____

Name of Occupier if this is not the location of the company office: _____

If the principal place of business is not the same as the registered office, please complete the following information.

Name of Occupier: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Directors

Director 1

First Name: _____ Surname: _____ Former Name: _____
(if applicable)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____

Date of Birth: _____ Place of Birth: _____

Other public Directorships: _____

Director 2

First Name: _____ Surname: _____ Former Name: _____
(if applicable)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____

Date of Birth: _____ Place of Birth: _____

Other public Directorships: _____

Director 3

First Name: _____ Surname: _____ Former Name: _____
(if applicable)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____

Date of Birth: _____ Place of Birth: _____

Other public Directorships: _____

Director 4First Name: _____ Surname: _____ Former Name: _____
(if applicable)Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____

Date of Birth: _____ Place of Birth: _____

Other public Directorships: _____

Director 5First Name: _____ Surname: _____ Former Name: _____
(if applicable)Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____

Date of Birth: _____ Place of Birth: _____

Other public Directorships: _____
_____**Secretary** (The Secretary must be over 18 years of age)First Name: _____ Surname: _____ Former Name: _____
(if applicable)Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____

Date of Birth: _____ Place of Birth: _____

Public Officer (The Public Officer must be over 18 years of age)First Name: _____ Surname: _____ Former Name: _____
(if applicable)Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____ Date of Birth: _____

Shareholders

Shareholder 1

First Name: _____ Surname: _____
(or Company Name) (or ACN)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____

Number of Shares: _____ Class of Shares: _____

Shareholder 2

First Name: _____ Surname: _____
(or Company Name) (or ACN)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____

Number of Shares: _____ Class of Shares: _____

Shareholder 3

First Name: _____ Surname: _____
(or Company Name) (or ACN)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____

Number of Shares: _____ Class of Shares: _____

Shareholder 4

First Name: _____ Surname: _____
(or Company Name) (or ACN)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____

Number of Shares: _____ Class of Shares: _____

Shareholder 5

First Name: _____ Surname: _____
(or Company Name) (or ACN)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____

Number of Shares: _____ Class of Shares: _____

Shareholder 6

First Name: _____ Surname: _____
(or Company Name) (or ACN)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____

Number of Shares: _____ Class of Shares: _____

If there will be an ultimate Holding Company, please complete the following information.

Name of Holding Company: _____ ACN: _____

Country of Incorporation: _____

General Information

Do you require a Constitution? (tick if yes)

Please state any special requirements you may have: _____

Do you require a common seal? (tick if yes)

In which State do you want us to register the company? _____
(Note: Unless you state otherwise, we will register your company in Victoria)