

Australian Company Order Form

Email to: info@investrend.com.au



Please complete all mandatory fields (*). Investrend cannot be held responsible for illegible forms. By submitting this form to Investrend you agree to be bound by terms and conditions set out in Investrend Debt Solutions Pty Ltd Retainer Agreement. If you do not have a copy of the Investrend Debt Solutions Pty Ltd Retainer Agreement Terms and Conditions please request same and it will provided to you free of charge.

SERVICES REQUIRED *

- Incorporate Proprietary Company ("Pty Ltd")
- Incorporate Unlisted Public Company ("Ltd")
- Incorporate Limited by Guarantee Company

PROPOSED COMPANY NAME *

Preferred Company Name _____

2nd Choice Company Name _____

State of Incorporation QLD NSW ACT VIC SA WA TAS

FIRM / PERSON PLACING ORDER *

Firm / Company Name _____

Contact Person _____ Position _____

Delivery Address _____

Telephone _____ Facsimile _____

Email Address _____

CONSENT *

By ticking this box, we confirm that all directors, secretaries and members cited on this form have consented to their appointments under section 117(5) of the Corporations Act 2001 and that they appoint Investrend Debt Solutions Pty Ltd or any company nominated any Investrend Debt Solutions Pty Ltd to sign the application of this company as agent on their behalf

Signature

Name

Date

PAYMENT DETAILS

All payments are to be made by Electronic Funds Transfer or Direct Deposit to the Investrend Debt Solutions Pty Ltd Trust Account

BANK National Australia Bank

ACCOUNT NAME Investrend Debt Solutions Pty Ltd Trust Account

ACCOUNT NUMBER 163371842

B.S.B NUMBER 084 004

REFERENCE Please quote your name followed by the letters NEW COY

ULTIMATE HOLDING COMPANY *

Will this company have an Ultimate Holding Company Yes No

Name of Ultimate Holding Company _____ A.C.N _____

Meeting Address _____
_____ State _____ Post Code _____

REGISTERED OFFICE ADDRESS * - NO PO BOXES

Registered Office Address _____
_____ State _____ Post Code _____

Will the Company Occupy this Office Yes No

If NO – Name of Occupant _____

PRINCIPAL PLACE OF BUSINESS *

Principal Place of Business _____
_____ State _____ Post Code _____

SPECIAL INSTRUCTIONS (If Any) - NOTES

OFFICER & MEMBER DETAILS * (1st Officer defaults as Chairman and Public Officer)

MEMBER 1 - This person / entity is a Director Secretary Shareholder

Person - Full Name _____

Company Name _____

A.C.N. _____ A.B.N. _____

Address _____
State _____ Post Code _____

Date of Birth _____ Place of Birth _____

State of Birth _____ Country of Birth _____

SHARES

Class of Shares _____ No of Shares _____

Amount Paid per Share \$ _____ Are Shares Beneficially Owned Yes No

If **NO** – Trustee For _____

Are these Shares Jointly Owned Yes No If **YES** – Full Legal Name _____

Address _____
State _____ Post Code _____

MEMBER 2 - This person / entity is a Director Secretary Shareholder

Person - Full Name _____

Company Name _____

A.C.N. _____ A.B.N. _____

Address _____
State _____ Post Code _____

Date of Birth _____ Place of Birth _____

State of Birth _____ Country of Birth _____

SHARES

Class of Shares _____ No of Shares _____

Amount Paid per Share \$ _____ Are Shares Beneficially Owned Yes No

If **NO** – Trustee For _____

Are these Shares Jointly Owned Yes No If **YES** – Full Legal Name _____

Address _____
State _____ Post Code _____

OFFICER & MEMBER DETAILS *

MEMBER 3 - This person / entity is a Director Secretary Shareholder

Person - Full Name _____

Company Name _____

A.C.N. _____ A.B.N. _____

Address _____

State _____ Post Code _____

Date of Birth _____ Place of Birth _____

State of Birth _____ Country of Birth _____

SHARES

Class of Shares _____ No of Shares _____

Amount Paid per Share \$ _____ Are Shares Beneficially Owned Yes No

If **NO** – Trustee For _____

Are these Shares Jointly Owned Yes No If **YES** – Full Legal Name _____

Address _____

State _____ Post Code _____

MEMBER 4 - This person / entity is a Director Secretary Shareholder

Person - Full Name _____

Company Name _____

A.C.N. _____ A.B.N. _____

Address _____

State _____ Post Code _____

Date of Birth _____ Place of Birth _____

State of Birth _____ Country of Birth _____

SHARES

Class of Shares _____ No of Shares _____

Amount Paid per Share \$ _____ Are Shares Beneficially Owned Yes No

If **NO** – Trustee For _____

Are these Shares Jointly Owned Yes No If **YES** – Full Legal Name _____

Address _____

State _____ Post Code _____

SIGNATURE - ACKNOWLEDGMENT

I confirm my signature below is confirmation:-

1. that all directors, secretaries and members cited on this form have consented to their appointments under section 117(5) of the Corporations Act 2001; and
2. that they appoint Investrend Debt Solutions Pty Ltd or any company nominated any Investrend Debt Solutions Pty Ltd to sign the application of this company as agent on their behalf; and
3. All information on this order form is true and correct to the best of my knowledge.
4. By submitting this form to Investrend I agree to be bound by terms and conditions set out in Investrend Debt Solutions Pty Ltd Retainer Agreement.

Signature

Name

Date