

## COMPANY SCHEDULE

### 1. Proposed Company Details

Preferred Company Name	
2 <sup>nd</sup> Choice Company Name	
If Shelf Company, (pre-registered company with the A.C.N. as the Company Name) please provide the selected A.C.N	
Is this name identical to an Existing Business Name?	
State of Incorporation	
Is a common seal required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Registered Office Address	
Will the company occupy this office?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of occupant	
Is this the principal place of business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Principal Place of business address	

### 2. Type of Company

- Company – Private Pty Ltd
- Company – SMSF Special Purpose

### 3. Packaging Options

- Deluxe Binder (Contains full documentation) - Colour: Black
- DIY Print (By email. Contains only essential documentation)

**4. Reservation**

Is the Company Name Reserved?	
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**5. Domain Name**

Do you require a domain name?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Preferred domain name	
2 <sup>nd</sup> choice domain name	

**6. Officer and Members Details**

*NOTE: You need to nominate at least 1 director who is an ordinary resident of Australia*

	Officer/Member 1	Officer/Member 2
Surname		
Given Name/s		
Address		
Date of Birth		
Country of Birth, State of Birth, City of Birth		
Is this person a director?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this person a secretary?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this person a shareholder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Shares		
Amount per share		
Are the shares beneficially owned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are these shares jointly owned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, Surname/Company name		
Given name/ACN		

Address		
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	<b>Officer/Member 3</b>	<b>Officer/Member 4</b>
Surname		
Given Name/s		
Address		
Date of Birth		
Country of Birth, State of Birth, City of Birth		
Is this person a director?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this person a secretary?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this person a shareholder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Shares		
Amount per share		
Are the shares beneficially owned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are these shares jointly owned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, Surname/Company name		
Given name/ACN		
Address		

I consent to being a Director & member of the  
above named company

Signed : \_\_\_\_\_

Name: \_\_\_\_\_

Director ID:

I consent to being a Director & member of the  
above named company

Signed : \_\_\_\_\_

Name: \_\_\_\_\_

Director ID:

I consent to being a Director & member of the  
above named company

Signed : \_\_\_\_\_

Name: \_\_\_\_\_

Director ID:

I consent to being a Director & member of the  
above named company

Signed : \_\_\_\_\_

Name: \_\_\_\_\_

Director ID: