

Company Formation

Date

Preferred Company Name: _____

Is the company a sole purpose superannuation Trustee (or other "Special Purpose") Company Yes No

Registered Office Address: _____

Occupier: _____

Principal Place of Business: _____

Name of Ultimate Holding Company (if applicable): _____

ACN/ABRN: _____ OR Country of incorporation (if not Australia) _____

DETAILS OF COMPANY OFFICERS AND SHAREHOLDERS

1. (Chairman)

Family Name: _____ Given Names: _____

Full Street Address: _____

Date of Birth: _____ Place of Birth: _____

Number of Shares: _____ CLASS ORD or _____ Paid: \$1/Share OR: \$ _____ *Beneficially Held? Yes

Position/s Held: **DIRECTOR** **SECRETARY** **PUBLIC OFFICER** No

2.

Family Name: _____ Given Names: _____

Full Street Address: _____

Date of Birth: _____ Place of Birth: _____

Number of Shares: _____ CLASS ORD or _____ Paid: \$1/Share OR: \$ _____ *Beneficially Held? Yes

Position/s Held: **DIRECTOR** **SECRETARY** **PUBLIC OFFICER** No

3.

Family Name: _____ Given Names: _____

Full Street Address: _____

Date of Birth: _____ Place of Birth: _____

Number of Shares: _____ CLASS ORD or _____ Paid: \$1/Share OR: \$ _____ *Beneficially Held? Yes

Position/s Held: **DIRECTOR** **SECRETARY** **PUBLIC OFFICER** No

* If shares are not beneficially held (ie held on behalf of another party or trust), please provide details of the beneficial owners/s.

I _____ hereby declare that I hold the necessary written consent/s of the party/s listed above.

Signed _____

Date: _____