

INCORPORATE A NEW COMPANY

Your contact details

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>	Telephone (after hours)	<input type="text"/>
	<small>suburb state postcode</small>	Mobile	<input type="text"/>
Postal address (if different)	<input type="text"/>	Email	<input type="text"/>
	<small>suburb state postcode</small>		<input type="text"/>

- Send documentation to this address.
- Send documentation to Registered Address (below).
- Send documentation to Principal Place of Business Address (below).

Proposed company details

Preferred company name	<input type="text"/>	Pty Ltd
2 nd preference company name	<input type="text"/>	Pty Ltd

Is the company's sole purpose to act as trustee of a superannuation fund? Yes No

State of incorporation

Registered Address

suburb state postcode

Registered Address must be street address and not a post office box

Does the company occupy the Registered Address? Yes No

Name of occupant

Is the Registered Address the Principal Place of Business? Yes No

Principal Place of Business Address

suburb state postcode

Principal Place of Business Address must be street address and not a post office box

Complete this form to order a new superannuation trustee company

Officer / Member 1 (Officer / Member 1 is defaults as Chairman, Public Officer, Secretary)

Chairman Public officer Secretary Director

Given names Surname

Date of birth

Place of birth (town/state/country)
town state country

Shareholder? Yes No Shares beneficially held? Yes No, held for:

Complete share details if not adopting default:

Number of shares 1 or: Class of share ORD or: Paid per share \$1.00 or:

Officer / Member 2

Director

Given names Surname

Date of birth

Place of birth (town/state/country)
town state country

Shareholder? Yes No Shares beneficially held? Yes No, held for:

Complete share details if not adopting default:

Number of shares 1 or: Class of share ORD or: Paid per share \$1.00 or:

Officer / Member 3

Director

Given names Surname

Date of birth

Place of birth (town/state/country)
town state country

Shareholder? Yes No Shares beneficially held? Yes No, held for:

Complete share details if not adopting default:

Number of shares 1 or: Class of share ORD or: Paid per share \$1.00 or:

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Officer / Member 4

Director

Given names Surname

Date of birth

Place of birth (town/state/country)
town state country

Shareholder? Yes No Shares beneficially held? Yes No, held for:

Complete share details if not adopting default:

Number of shares 1 or: Class of share ORD or: Paid per share \$1.00 or:

CONSENT AND AGREEMENT

By ticking this box, we confirm that all necessary consent have been obtained and is held, including consent to appointment under the *Corporations Act*, for all person/s listed on this form, and consent to Superannuation Accounting Services and/or its agent to sign the Application of this company as agent.

We acknowledge that we are liable to pay the fees to Superannuation Accounting Services for the service provided.

Date

Signature

Signature

Signature

Signature

PAYMENT (NON-REFUNDABLE)

Enclosed a cheque made payable to Superannuation Accounting Services

Credit card payment by: Visa Mastercard Bankcard Expiry

Card number

Please charge \$ Signature

RETURNING THE FORM

■ Fax completed form to:
(02) 9221 0564

■ Post completed form to:
Superannuation Accounting Services
GPO Box 4534
Sydney NSW 2001

■ Deliver in person:
Level 5
34 Hunter Street
Sydney NSW 2000