Allan's The Incorporation Professionals Phone: 1800 817 782

Company																				
Name: Phone: Address:																				
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Company	-						— ·	•			\$90	07 <u></u>	Credit	Card p	orices	& inf	o at e	nd of t	the for	rm
Email Version Pre Paid \$779 Approved Account \$794 Preferred Company Name print neatly in BLOCK CAPITAL LETTERS, one character per box including punctuation																				
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ls t	his a reg	ister	ed bus	iness	s nan	ne:Yes	\$	No		Busin	ess	Reg.	No	or A	BN:					
Is this a registered business name:Yes No Business Reg. No or ABN: Is this a Superannuation Trustee Company: Yes No State of Incorp (if requested):																				
Registered Office Address:																				
Occupier of Registered Office:																				
Principal Place of Business:																				
1/ I Su AD	COMPANY OFFICERS & SHAREHOLDERS (If shareholder a company please provide ACN or Country of Registration) 1/ DIRECTOR I.D. NUMBER (WWW.ABRS.GOV.AU TO OBTAIN): Surname Given Names ADDRESS: Date of birth: TOWN OF BIRTH: STATE/COUNTRY:																			
DIRECTOR SECRETARY CHAIRMAN PUBLIC OFFICER Number of shares (@ \$1.00 per share): Class Ordinary (ORD) or If shares are held on behalf of a Trust, Super Fund, Company or another person details below																				
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2/	DIRECTO	R I.D	. NUMBI	ER (<u>W</u>	WW.Al	BRS.GOV	<u>'.AU</u> T	О ОВТ	AIN):											
Su	2/ DIRECTOR I.D. NUMBER (<u>WWW.ABRS.GOV.AU</u> TO OBTAIN): Surname Given Names																			
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DIRECTOR SECRETARY CHAIRMAN PUBLIC OFFICER																				
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Please return this application to ENQUIRIES@ALSHELF.COM.AU

Allan's Phone: 1800 817 782	Company Order Form Date: _/_/_ Page 2 of Name:phone:							
ORDER FORM CONTINUED:	''							
3/ DIRECTOR I.D. NUMBER (WWW.ABRS.G	DV.AU TO OBTAIN):							
Surname	Given Names							
ADDRESS:								
	TOWN OF BIRTH:STATE/COUNTRY:							
Number of shares:	Class Ord or							
If shares are held on behalf of a Trust, Supe	r Fund, Company or another person ;							
	<u>RS.GOV.AU</u> TO OBTAIN):							
Surname Given Names ADDRESS:								
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If shares are held on behalf of a Trust, Super Fun	Class Ord or							
	GOV.AU TO OBTAIN):							
Surname								
	TOWN OF BIRTH: STATE/COUNTRY:							
	CHAIRMAN CHAIRMAN							
Number of shares:	Class Ord or							
If shares are held on behalf of a Trust, Super Fun	d, Company or another person please provide the full name on the following line							
· · · · ·	e processed, please ensure all directors have a director ID with ABRS) declare that I hold the necessary consents of all the parties listed on this order form.							
Signed								
Payment must be made before processi	ng order (If ordering common seal please add to total) \$ of \$779 (Email Version) or \$886 (Company Register) to:							
-	12 349 Account No: 221 604 238 USE COMPANY NAME AS REF							
	e amount of \$790 \$898 (inc 1.43% surcharge for credit card)							
TYPE OF CARD: Visa Mastercard Bar								
CARD NUMBER.	EXPIRY DATE: (/)							
NAME ON CARD:	SIGNATURE:							
Account to be approved clients only	/ will be invoiced accordingly							