

## COMPANY ORDER FORM

<b>COMPANY NAME</b>						
<b>PRINCIPAL PLACE OF BUSINESS</b>						
<b>REGISTERED OFFICE</b>	Suite 403/422 COLLINS STREET MELBOURNE VIC 3000					
<b>DIRECTORS FULL NAME</b>	<b>Email address</b>	<b>DOB</b>	<b>PLACE OF BIRTH (TOWN/COUNTRY)</b>	<b>RESIDENTIAL ADDRESS</b>	<b>Director ID NUMBER</b>	<b>TFN</b>
<b>SECRETARY FULL NAME</b>	<b>NAME</b>	<b>DOB</b>	<b>PLACE OF BIRTH (TOWN/COUNTRY)</b>	<b>RESIDENTIAL ADDRESS</b>		<b>TFN</b>
<b>SHAREHOLDERS FULL NAME</b>	<b>NAME</b>	<b>DOB</b>	<b>PLACE OF BIRTH (TOWN/COUNTRY)</b>	<b>RESIDENTIAL ADDRESS</b>		<b>NO. OF SHARES</b>

- **Please Send a copy of your driver's license or Passport via email**
- **Payment is also required in order to proceed with setting up the new entity.**