



New Company Instructions

Company Name:

Business Name Exists If yes provide States & Numbers:

Register Type: Normal (1" spine) Wide (1.5" spine) Combine with trust/super fund

Applicant Details:

Firm Name:

Contact Person: Phone:

Postal Add: Fax:

Street Add:

Email Address: tick for PDF Only, No Register

Please Deliver to: Street Address / Other:

The applicant hereby accepts full responsibility for any amount payable to CST Corporate Solutions Pty Ltd for the enclosed instructions.

signed: date:

Payment Details: Chq Encl. Chq in Mail Direct Deposit

or Charge our Credit Card: Bankcard Visa Mastercard Amount \$

Card Number: Expiry Date:

Name of Cardholder Signature

Company Addresses:

Registered Office:
(leave blank if C/- Applicant)

Occupier's name (if the company does not occupy the reg'd office):

Principal Place of Business:
(leave blank if reg'd office)

Company Members and Officeholders and Consents to Act:

I hereby consent to act as a director / secretary / shareholder of the company and provide the following particulars:

Surname: Given Names:

or Coy/Trust Name:

Former Names/ACN:

Address: Reg'd Off PPOB or

Suburb: State: P/Code

Date of Birth Place of Birth (Town/State/Country):

Director Secretary (if any) Shareholder Ultimate Holding Company

1st Class Share Type: Number: 2nd Class Share Type: Number:

Signed: Date:



Company Name: Page 2 of 2

Extra Company Members and Officeholders and Consents to Act:

I hereby consent to act as a director / secretary / shareholder of the company and provide the following particulars:

Surname: Given Names:

or Coy/Trust Name:

Former Names/ACN:

Address: as above or

Suburb: State: P/Code

Date of Birth Place of Birth (Town/State/Country):

Director Secretary (if any) Shareholder Ultimate Holding Company

1st Class Share Type: Number: 2nd Class Share Type: Number:

Signed: Date:

I hereby consent to act as a director / secretary / shareholder of the company and provide the following particulars:

Surname: Given Names:

or Coy/Trust Name:

Former Names/ACN:

Address: as above or

Suburb: State: P/Code

Date of Birth Place of Birth (Town/State/Country):

Director Secretary (if any) Shareholder Ultimate Holding Company

1st Class Share Type: Number: 2nd Class Share Type: Number:

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Address: as above or

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Date of Birth Place of Birth (Town/State/Country):

Director Secretary (if any) Shareholder Ultimate Holding Company

1st Class Share Type: Number: 2nd Class Share Type: Number:

Signed: Date: