



Instructions to Deregister a Company

Company Name: ACN

Details of Officeholders/Members

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

Surname: Given Names:

Address:

Suburb: State: P/Code

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

Is the abovementioned a: Director Secretary Member

Surname: Given Names:

Address:

Suburb: State: P/Code

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

Is the abovementioned a: Director Secretary Member

Meeting Address:

Applicant Details: (Applicant must be a director / member / liquidator) PLEASE CIRCLE

Name:
Address:
Suburb: State: P/Code:

Client Details:

Customer No:

Firm Name:
Contact Person: Phone:
Street Add: Fax:
Postal Add: DX:
Email Address:
Please Deliver to: DX / Street Address / Postal Address / Other:

PLEASE NOTE: Please ensure all documents (ie Annual Returns) have been lodged and paid for with ASIC before proceeding with de-registration. Our fees do not include payment of such documents. The company must not have more than \$1000 in assets and have no outstanding liabilities nor should the company be a party to any legal proceedings.

Payment Details: Chq Encl. Direct Deposit Money Order Encl.

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

Card Number: Expiry Date:

Name of cardholder Signature



Surname: Given Names:

Address:

Suburb: State: P/Code

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

Is the abovementioned a: Director Secretary Member

Surname: Given Names:

Address:

Suburb: State: P/Code

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

Is the abovementioned a: Director Secretary Member

Surname: Given Names:

Address:

Suburb: State: P/Code

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

Is the abovementioned a: Director Secretary Member

Surname: Given Names:

Address:

Suburb: State: P/Code

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

Is the abovementioned a: Director Secretary Member

Surname: Given Names:

Address:

Suburb: State: P/Code

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

Is the abovementioned a: Director Secretary Member