



New Company Instructions

Company Name: .....

Business Name Exists Yes / No If yes provide States & Numbers: .....

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

Applicant Details:

Customer No: .....

Firm Name: .....

Contact Person: ..... Phone: .....

Street Add: ..... Fax: .....

Postal Add: ..... DX: .....

Email Address: .....  tick for PDF Only, No Register

Please Deliver to: Street Address / Postal 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)  Chairman  Public Officer

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)  Chairman  Public Officer

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)  Chairman  Public Officer

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)  Chairman  Public Officer

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

Signed: ..... Date: .....