ORDER FORM/OFFER TO PURCHASE	COMPANY INSTRUCTI	ONS		PAGE ONE
YOUR NAME/FIRM NAME: YOUR ADDRESS: DELIVERY ADDRESS:			A.	тм
MOBILE TELEPHONE: EMACONTACT PERSON/S: TYPE OF COMPANY REQUIRED:	ORDER DATE:	CORP	AUSTRAL	PROFESSIONALS IA PTY. LTD. spondence to:
☐ NEW INCORPORATION – YOUR NAME - (incorporation – YOUR NAME - (incorporated within 24)	orated within 24 hours) orated within 7 days)		Box 2504, T	aylors Lakes Vic 3038 : (03) 9853 4227
□ NAME CHANGE □ SUPER TRUSTEE CO □ PUREQUIRED NEW INCORPORATION NAME	JBLIC CO EMAIL DELIVER' (no hard copy supplied)	Y	Website: wv	n@corpro.com.au vw.corpro.com.au 32 006 901 471
(OR SOLE PURPOSE SUPER TRUSTEE CO)*:				
ALTERNATIVE NAMES*: EXISTING BUSINESS NAME: (copy of business name record required)				
NAME CHANGE*:				
REGISTERED OFFICE (incl. name of occupier):				
PRINCIPAL PLACE OF BUSINESS:				
*It is your responsibility to ensure the name does not comproposed officeholders have consented in writing. This of our Prices, Terms and Conditions at the date of acceptants.	rder/offer to purchase is a contract	ual document and serve	es as acknowled	lgment to be bound by
Required date of incorporation / / Re	equired date for transfer of control	/ /	Required deliv	ery date / /
OFFICEHOLDERS & MEMBERS: I/We confirm that a the terms of your standard constitution. Sections 201D &				nd/or have agreed to
FULL NAME: Surname: ADDRESS:	Given names:			Postcode:
DATE OF BIRTH: / /19 PLACE	CE OF BIRTH: City/Town:		State/Country:	
DIRECTOR: Yes ☐ No ☐ SECRETARY: Yes ☐ SHAREHOLDER: Yes ☐ No ☐ CLASS OF SHARE		Yes No CH DIRECTOR ID:	AIRPERSON:	Yes No
FULL NAME: Surname:	Given names:			Postcode:
ADDRESS: DATE OF BIRTH: / /19 PLAGE	CE OF BIRTH: City/Town:		State/Country:	1 ostcode.
DIRECTOR: Yes ☐ No☐ SECRETARY: Yes ☐ SHAREHOLDER: Yes ☐ No ☐ CLASS OF SHARE		Yes No CH	AIRPERSON:	Yes No
FULL NAME: Surname:	Given names:			Postcode:
ADDRESS: DATE OF BIRTH: / /19 PLAGE	CE OF BIRTH: City/Town:	;	State/Country:	Postcode:
DIRECTOR: Yes □ No □ SECRETARY: Yes □ SHAREHOLDER: Yes □ No □ CLASS OF SHARE			-	Yes 🗌 No 🗌
SHAREHOLDER ONLY FULL NAME (individual): Surname; COMPANY NAME (incl ACN) ADDRESS:	Given na	mes:		
				Postcode:
SHAREHOLDER: Yes □ No □ CLASS OF SHARE	: NO. OF SHARES:	CLASS OF SHARE:	NO.	OF SHARES:
COLOUR OF FOLDER: BLACK BLUE BUPLEASE NOTE THAT OUR STANDARD NEW INCORSHAREHOLDERS. ADDITIONAL FEES WILL APPLY APPLY FOR THAN TWO UNITHOLDERS OF A UNIT	RPORATION FEE APPLIES FOR UTFOR MORE OFFICEHOLDERS A	JP TO TWO OFFICEH AND SHAREHOLDER	IOLDERS AND	AL FEES WILL

CONSENTS AND AGREEMENTS UNDER CORPORATIONS ACT

Consent to act as director

201D(1) [Contravention] A company contravenes this subsection if a person does not give the company a signed consent to act as a director of the company before being appointed. (Refer s 204C(1) for secretary)

201D(2) [Company to keep consent] The company must keep the consent. (Refer s 204C(2) for secretary)

Applying for registration

117(2) Contents of the application ... (c) the name and address of each person who consents to become a member.

117(5) [Consents and lodged. After the conconsents and agreements	npany is re																				;
CONSENT TO ACT I hereby consent to ac COMPANY NAME: Full Name: Residential Address:	ct as Direct											agr	ee to th	e term	s of y	our sta	anda	ard co	nstituti	on.	
Date of Birth: /	/ P1	ace of	Birth:									Sig	gnature	:				•••••			
CONSENT TO ACT I hereby consent to ac COMPANY NAME: Full Name: Residential Address:	ct as Direct											agr	ee to th	e term	s of y	our sta	anda	ard co	nstituti	on.	
Date of Birth: /	/ P1	ace of	Birth:									Sig	gnature	:						•••	
*Delete if not applica	ıble (docun	nentati	on will	l only	be pr	eparec	d if the	e appr	opria	te sec	tion	on :	page of	ne is co	mple	eted).					
I/We confirm that the thereby appoint Corporation on my/our behalf. It	porate Pro	ofession	nals A	ustra	lia Pt	y. Ltd	l. to si	gn the	e app	licat	ion f	or 1		ation o	f the						
The following classes Ordinary, A Class, B E Class is entitled to G Class is entitled to I Class is entitled to Employee Class Shar	Class, C C voting righ return of c lividends a	are inc lass, D its only apital o	luded in Class in Cla	in our are a	stand Il enti	dard sr tled to	nall provin	roprie ig righ	tary o	ompoider Vider F Cl H C	any c nds ar ass is lass i	ons nd p s en	titutio	n: ation i o divid o divid	n sur lends lends	only.				up.	
Although shares no lo	onger have	a par v	alue, ı	unless	othe	rwise i	instruc	cted al	l sha	res sl	all b	e is	sued at	\$1.00	each						
I, [print name] confirm that the person Payment for the comp		ations r	named	on pa	ige on	e have	e cons	ented	in wr				NT D			n.					
☐ Cheque enclosed	\$		(made	e pay	able to	o Corp	orate	Profe	ssion	als A	ustra	lia l	Pty. Lt	d.). Ch	neque	s requ	ire 3	3 busi:	ness da	ys to cl	ear.
Please debit my tr I confirm that I ar											ole to	yo	u for p	ayment	•						
☐ Please charge \$			for th	is pu	rchase	to the	e follo	wing	credi	card	acco	ount	t:								
[Master	rCard			Vis	a															
Card Number													Expir	y Date		/	C	CVV:			

Cardholder's name (PRINT): **AUTHORISED SIGNATORY**

Please note: If payment is by credit card the signatory <u>must</u> be the cardholder. If by debit on trading account signatory must be authorised to sign on behalf of the firm/company (available to approved clients only). If paying by credit card a surcharge up to 1.5% may apply.

Cardholder's Signature:

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