

COMPANY ORDER FORM

PLEASE SUBMIT PAYMENT WITH ORDER (SEE ATTACHED).

TYPE OF COMPANY:

- Proprietary Company
 Other (Please Specify)

INCORPORATION IS REQUIRED BY:

- Today
 Tomorrow
 On or before:

PREFERRED NAME OF COMPANY:

1.
2.
3.

PRINCIPAL ACTIVITIES OF THE COMPANY:

REGISTERED OFFICE:

PRINCIPAL BUSINESS OFFICE:

DO YOU REQUIRE CHANGES TO ANY OF THE FOLLOWING STANDARD FEATURES OF AN MCP COMPANY? (Please attach details on a separate page)

- | | | |
|---|------------------------------|-----------------------------|
| Authorised Capital: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Classes of Shares: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Division of Authorised Capital by Class of Share: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

DETAILS OF SHAREHOLDERS:

(If a shareholder is a Corporation, please provide ACN)

| Shareholder Name | Address | Class of Shares | Number of Shares | Fully Paid? | Shares Beneficially Held y/n |
|------------------|---------|-----------------|------------------|-------------|------------------------------|
| 1) | | | | | |
| 2) | | | | | |

| Shareholder Name | Address | Class of Shares | Number of Shares | Fully Paid? | Shares Beneficially Held y/n |
|------------------|---------|-----------------|------------------|-------------|------------------------------|
| 3) | | | | | |
| 4) | | | | | |

DIRECTORS:

Which Director will be the Chairman of their first Meeting of the Board of Directors?

Please select on the following persons:

| Name of Director (at birth) | Address (residential) | Business Occupation | Date of Birth | Place of Birth |
|-----------------------------|-----------------------|---------------------|---------------|----------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |

SECRETARIES AND PUBLIC OFFICER:

| Name of Secretary | Address (residential) | Business Occupation | Date of Birth | Place of Birth |
|-------------------|-----------------------|---------------------|---------------|----------------|
| 1) | | | | |
| 2) | | | | |

SPECIAL INSTRUCTIONS:

ADDITIONAL INFORMATION:

What style of Company Seal do you prefer?

Do you require a spare Common Seal?

Do you want a Bar Stamp with Company Name &/or ACN?

Do you want the Certificate of Incorporate Laminated?

Do you require any more Company Order Forms?

Number of Constitutions required.

- Normal Folding Style
 Yes (Additional cost \$17.50 applies)
 Name & ACN
 ACN Only (Additional cost \$12.50 applies)
 Yes (Additional cost of \$2.50 applies)
 Yes How many? _____

ORDERED BY:

NAME/ADDRESS OF FIRM:

TEL.

FAX:

DATE.

MCP BUSINESS STRUCTURES PAYMENT FORM

PAYMENT BY DIRECT DEPOSIT

MCP Business Structures
Bank: ANZ
BSB: 013 006
Account No. 491795994

Please email or fax evidence of your payment.

Fax: (03) 9620 2002 or email: accounts@mcpgroup.com.au

PAYMENT BY CREDIT CARD

TO PROCESS YOUR PAYMENT PLEASE RETURN

Please Tick



Cardholders Name: _____

Card Number: _____

Expiry Date _____ / _____ Amount: \$ _____

Invoice Number/Matter: _____

Best Phone Number: _____

Signature: _____

In addition, I hereby authorise you to use the above credit card details for payment of all future accounts for orders with MCP Business Structures until further notice.

Signature: _____

Thank you for your business.
