



FROM (Firm Name): _____
CONTACT: _____
TELEPHONE: _____
EMAIL/FAX: _____

Existing Company Name: _____

A.C.N.: _____

New Proposed Company Name: _____

<u>CURRENT DIRECTOR – PERSON TO SIGN FORM 205</u>			
Full Name: (Surname First) _____			
Residential Address: _____			

Postcode: _____			
Date & Place of Birth: _____			
please tick	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary	<input type="checkbox"/> Member
<input type="checkbox"/> Chairman			
<u>REGISTERED OFFICE</u>			
(At office of) C/-	_____	_____	_____
unit of office	_____ level	_____ building name	_____
street number and name	_____	_____	_____
suburb/city	_____	_____ state/territory	_____ postcode
<u>PRINCIPAL PLACE OF BUSINESS</u>			
unit of office	_____ level	_____ building name	_____
street number and name	_____	_____	_____
suburb/city	_____	_____ state/territory	_____ postcode

PRICE: \$450.00 (Including GST)

TERMS: PAYMENT UPON RECEIPT

- Complete the above order form and fax or email through to us
- We will complete a Form 205 and fax or email it you for signing by the nominated Director
- Once signed, please fax or email through to us for immediate electronic processing
- We will fax or email you a PDF copy of the Change of Name Certificate
- We post the original Change of Name Certificate out to you in the mail