



CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX/EMAIL: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ **Is company to act solely as trustee for a Self-Managed Super Fund?** Y  N   
1st Preference: \_\_\_\_\_  
2nd Preference: \_\_\_\_\_

**N.B. Proposed company names that are currently registered as business names - We confirm, when signing as a shareholder below, that the proprietors of the registered business name are the shareholders of the proposed company.**

**OFFICEHOLDERS & MEMBERS**

Full Name: (Surname First) \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Date of Birth: → → → \_\_\_\_\_ Place of Birth: *Town/City:* \_\_\_\_\_ *State/Country:* \_\_\_\_\_  
**has consented to act as**  Dir  Sec  S'hlder  Chairman  Public Officer  
If shareholder: No. of Shares: \_\_\_\_\_ Class of Shares: \_\_\_\_\_ Nom. Value (P/share): \_\_\_\_\_  
Are Shares to be Beneficially Held?  Yes  No  
If NO, as trustee for: \_\_\_\_\_  
**Signature of Officeholder/Member:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

Full Name: (Surname First) \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Date of Birth: → → → \_\_\_\_\_ Place of Birth: *Town/City:* \_\_\_\_\_ *State/Country:* \_\_\_\_\_  
**has consented to act as**  Dir  Sec  S'hlder  Chairman  Public Officer  
If shareholder: No. of Shares: \_\_\_\_\_ Class of Shares: \_\_\_\_\_ Nom. Value (P/share): \_\_\_\_\_  
Are Shares to be Beneficially Held?  Yes  No  
If NO, as trustee for: \_\_\_\_\_  
**Signature of Officeholder/Member:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

Full Name: (Surname First) \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Date of Birth: → → → \_\_\_\_\_ Place of Birth: *Town/City:* \_\_\_\_\_ *State/Country:* \_\_\_\_\_  
**has consented to act as**  Dir  Sec  S'hlder  Chairman  Public Officer  
If shareholder: No. of Shares: \_\_\_\_\_ Class of Shares: \_\_\_\_\_ Nom. Value (P/share): \_\_\_\_\_  
Are Shares to be Beneficially Held?  Yes  No  
If NO, as trustee for (if applicable): \_\_\_\_\_  
**Signature of Officeholder/Member:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**ULTIMATE HOLDING COMPANY**

Name of Ultimate Holding Company upon Registration (*if applic.*) \_\_\_\_\_  
ACN/ARBN/ABN: \_\_\_\_\_ Country of Registration (if not Aust.): \_\_\_\_\_

**REGISTERED OFFICE** (A CORNER STREET ADDRESS IS *NOT ACCEPTABLE* FOR BELOW ADDRESS)

(At office of) C/- \_\_\_\_\_  
unit of office \_\_\_\_\_ level \_\_\_\_\_ building name \_\_\_\_\_  
street number and name \_\_\_\_\_  
suburb/city \_\_\_\_\_ state/territory \_\_\_\_\_ postcode \_\_\_\_\_  
Does the company occupy these premises  YES  NO  
if NO, name of occupier \_\_\_\_\_

**PRINCIPAL PLACE OF BUSINESS** (A CORNER STREET ADDRESS IS *NOT ACCEPTABLE* FOR BELOW ADDRESS)

unit of office \_\_\_\_\_ level \_\_\_\_\_ building name \_\_\_\_\_  
street number and name \_\_\_\_\_  
suburb/city \_\_\_\_\_ state/territory \_\_\_\_\_ postcode \_\_\_\_\_



TUNREND PTY. LTD. A.C.N. 010 223 042 TRADING AS:

# RAPID COMPANIES

5<sup>TH</sup> Floor, Metway Chambers  
293 Queen Street  
BRISBANE 4000  
Telephone: (07) 3229 8311  
Facsimile: (07) 3221 9982

POSTAL ADDRESS  
GPO BOX 1837  
BRISBANE 4001  
QUEENSLAND

**RE: BANK/PAYMENT DETAILS**

## PAYMENT BY BANK DEPOSIT

<b>BANK:</b>	Bank of Queensland
<b>BRANCH:</b>	229 Elizabeth Street, Brisbane 4000
<b>BSB:</b>	124001
<b>ACCOUNT NUMBER:</b>	10 341 706
<b>ACCOUNT NAME:</b>	Rapid Companies

For immediate registration, please deposit/transfer cleared funds. Kindly fax receipt once transaction is completed, so that we may proceed with the registration and forward the company documents to you. Or, see credit card payment option next.

## PAYMENT BY CREDIT CARD– MASTERCARD/VISA

Please complete, sign and fax back with order form if you wish to pay by Credit Card

### Credit Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Expiry Date

### Authorised Amount to Deduct

mm	<input type="text"/>	yy	<input type="text"/>	\$	<input type="text"/>
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cardholder's name: \_\_\_\_\_

cardholder signature: \_\_\_\_\_ date: \_\_\_\_\_

## PLEASE SEND MY DOCUMENTS TO:


Would you please tell us how you heard about Rapid Companies? We can use this information, to know how to keep our clients informed and where to find the best resources that reach you.

www.rapidcompanies.com.au	
Google Search Engine	
Yahoo Search Engine	
Other Search Engine	
Bing Search Engine	
Other (please specify)	

Yellowpages.com.au	
Yellowpages Book	
Existing/Previous Client	
Professional Referral (ie, Solicitor or Acct)	
Personal Referral	