



FROM (Firm): _____

CONTACT: _____

PHONE: _____

PLEASE PRINT CLEARLY IN BLOCK LETTERS OR TYPE DETAILS

COMPANY NAME REQUIRED:

1st Preference: _____

2nd Preference: _____

OFFICEHOLDERS & MEMBERS

Full Name: (Surname First) _____

Residential Address: _____

Postcode: _____

Date & Place of Birth: _____

has consented to act as

Director Secretary Shareholder Chairman

If shareholder:

No. of Shares: _____ Class of Shares: _____ Nominal Value: _____

Are Shares to be Beneficially Held? Yes No

If NO, as trustee for: _____

Full Name: (Surname First) _____

Residential Address: _____

Postcode: _____

Date & Place of Birth: _____

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 If NO, as trustee for: _____

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/- _____ 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 _____

Credit Card Payments – Mastercard/Visa/Bankcard

Credit Card Number:

Expiry Date: mm yy Authorised Amount to Deduct: \$ _____

Name on Card: _____ Cardholders Signature: _____

\$866.00 (Including GST)

TERMS: PAYMENT UPON REGISTRATION

fm 26/06/06

www.rapidcompanies.com.au