

SamarasLawyers

COMPANY INCORPORATION INSTRUCTION SHEET

1. Proposed Company Name

Do you want a name or will refer to the company by the ACN allocated by ASIC on incorporation?			Yes No
If yes, have you reserved a name?	Yes No	If yes, what is the reservation number?	
1 st Choice of Name			
2 nd Choice of Name			
Business Name	Is the proposed Company name identical to a registered business name?	Yes No	
If yes, list the number and state, for each state in which it is registered. Note that by using such a name, you declare that you own or are registering the company for the owner(s) of the name.			

2. Company Type and Legal Elements

Proprietary Company	Pty Ltd Proprietary Limited ___ Pty Limited Proprietary Ltd	Public Company Limited by Guarantee	Limited L Ltd Amount of the Members Guarantee \$
Do you wish to incorporate as a special purpose superannuation fund trustee?			Yes No

Postal Address: PO Box 2717, Taren Point NSW 2229
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 W: www.samaraslawyers.com.au

Liability limited by a scheme approved under Professional Standards Legislation

Registered Office (not a PO Box)		(include following if applicable: C/-, Office, Unit, Level, Suite, Street Number and Name, Suburb, State, Post Code)		
Will Company Occupy	Yes No			
If not, provide occupiers name		(note that the occupier must consent in writing to use the premises)		
Principal place of business if different				
1st Office Holder and/ or Member				
Public Officer		Director		Secretary
Member		Beneficially Held		Not Beneficially Held
Given Names		Last Name		
If Company, Name			ACN	
Address of 1st Office Holder or Member				
Date of Birth (Office Holders only)		Place of Birth (Town/ City/ Country)		
Share Type and amounts	ORD		\$ paid per share	
	Other:		Total no. of shares	
Special Instructions				
2nd Office Holder and/ or Member				
Public Officer		Director		Secretary
Member		Beneficially Held		Not Beneficially Held
Given Names		Last Name		
If Company, Name			ACN	
Address of 2nd Office Holder or Member				
Date of Birth (Office Holders only)		Place of Birth (Town/ City/ Country)		

Share Type and amounts	ORD	\$ paid per share	
	Other:	Total no. of shares	
Special Instructions			
*For additional Members and Office Holders see last page			
Ultimate Holding Company (UHC)			
Will the Company have UHC	Yes No	If Yes, Company Name	
ACN/ARBN/ABN			
Country of Incorporation if not Australia			

3. Delivery and Payment Options of Documents

Send via	Email	Courier
(tick either or both)	Email address:	
Address if Courier	Courier address:	

4. Payment Instructions

(a) Please charge my credit card (if you choose this option please complete and fax or email this page to 02 9247 2222 or office@samarasalawyers.com.au)	
Card Type Type (surcharge fee applies)	Visa Mastercard American Express
Card No:	
Expiry Date:	____ / ____
Credit Card CCV No. (the last digits on front or reverse of card)	
Name on Card	
Amount	\$
Cardholders Signature	
(b) Paying an invoice by direct deposit (please provide a reference):	Bank: National Australia Bank Name: Samaras Lawyers Branch Number: 082 057 Account Number: 1964 08066
(c) Paying an amount into our trust account by direct deposit (please provide a reference):	Bank: National Australia Bank Name: Samaras Lawyers Law Practice Trust Account Branch Number: 082 057 Account Number: 1964 49247
(d) Post a cheque or money order to:	Samaras Lawyers PO Box 2717 Taren Point NSW 2229

5. Additional Officeholders and Members – Multiple Printing Page

Share Type and amounts	___ ORD	\$ paid per share	
	___ Other:	Total no. of shares	
Special Instructions			
Office Holder and/ or Member ___ Public Officer ___ Director ___ Secretary ___ Member ___ Beneficially Held ___ Not Beneficially Held			
Given Names		Last Name	
If Company, Name		ACN	
Address of Office Holder or Member			
Date of Birth (Office Holders only)		Place of Birth (Town/ City/ Country)	
Share Type and amounts	___ ORD	\$ paid per share	
	___ Other:	Total no. of shares	
Special Instructions			
Office Holder and/ or Member ___ Public Officer ___ Director ___ Secretary ___ Member ___ Beneficially Held ___ Not Beneficially Held			
Given Names		Last Name	
If Company, Name		ACN	
Address of Office Holder or Member			
Date of Birth (Office Holders only)		Place of Birth (Town/ City/ Country)	
Share Type and amounts	___ ORD	\$ paid per share	
	___ Other:	Total no. of shares	