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For All Correspondence GPO BOX \$1354 PERTH WA 6001 e info@bpclawyers.com ABN 83 592 497 199

INSTRUCTION SHEET FOR NEW/SHELF COMPANY

NAME OF PROPOSED COMPANY:	
1. Do you require us to reserve the name with t	he ASIC? Yes No
 Do you require as to reserve the name with t Do you require a common seal? 	Yes No
 Bo you require a common sear. Would you prefer:- 	105 110
(a) a secretarial volume	Yes No
	egisters, Constitution, copy ASIC forms Yes No
DIRECTORS:	
Name:	Name:
Former Name:	Former Name:
Address:	Address:
Date of Birth:	Date of Birth:
Town/State:	Town/State:
Occupation:	Occupation:
No. of Shares:	No. of Shares:
Class:	Class:
Director: Yes No Public Officer: Yes No	Director: Yes No Public Officer: Yes No
Secretary: Yes No Chairman: Yes No	Secretary: Yes No Chairman: Yes No
MEMBERS: (Please complete if not mentioned above Name:	e) Name: Former Name: Address: Date of Birth: Town/State: Occupation: No. of Shares:
Class:	Class:
REGISTERED OFFICE	
Occupier:	Address:
PRINCIPAL PLACE OF BUSINESS: (if different Address:	to the Registered Office)
 CONSTITUTION OR REPLACEABLE RULES (Is the company to have: 1. Replaceable Rules (not applicable to 1 Dire 2. A Constitution:- PLEASE NOTE: (Please choose which for 	ector/Shareholder Company) or;
PLEASE NOTE: (Please choose which for there are two types of Constitutions:	m you require and tick the box);

- (i) Ordinary shares only; or
- (ii) Different classes of shares with different voting rights.

Is the company to be a trustee?

If a new trust is required please complete the relevant instruction sheet and attach. If the trust is already in existence, a Deed of Retirement and Appointment will need to be prepared. Please therefore provide us with a stamped copy of the Trust Deed.

Is the company name identical to a registered business name?

If your client already holds a registered business name similar to that of the required company name, please advise whether the company is to take over the business name **or** if it the name is to be ceased.

Yes No

Yes

No