

**INSTRUCTION SHEET TO ESTABLISH A COMPANY INCORPORATION**

**Delivery Instructions**

Please send completed documents to:

Name:
Address:

**Payment Instructions**

**\$775 by email or \$875 by post**

Please send me a RapidPay reference number for payment prior to delivery

Please charge my credit card

<b>Credit Card</b>	<b>Bankcard</b> <input type="checkbox"/>	<b>Visa</b> <input type="checkbox"/>	<b>Mastercard</b> <input type="checkbox"/>
<i>(We are unable to process American Express or Diners)</i>			
<b>Card No.</b>			
<b>Expiry Date</b>			
<b>Credit Card CCV No.</b>			
<i>(Last 3 digits after card no. on front or reverse of card – we cannot process your payment without this number)</i>			
<b>Name on Card</b>			
<b>Amount</b>	<b>\$</b>		
<b>Cardholder's Signature</b>			
<b><i>Where you pay our account by credit card, a surcharge equal to the amount of the merchant's fee may be added and you agree to pay such surcharge.</i></b>			

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Pier 2, 13 Hickson Road  
Walsh Bay NSW 2000 Australia  
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f +61 2 9256 3833  
e: munrolawyers@taxlegal.com.au  
w: taxlegal.com.au

**PROPOSED NAME OF COMPANY**

1 <sup>ST</sup> Preference
2 <sup>nd</sup> Preference
3 <sup>rd</sup> Preference

**STATUS:** (Tick appropriate box)

<input checked="" type="checkbox"/> PTY. LTD.	<input type="checkbox"/> COMPANY LIMITED BY GUARANTEE	<input type="checkbox"/> MEDICAL/DENTAL
<input type="checkbox"/> PUBLIC LTD.	<input type="checkbox"/> SUPERANNUATION TRUSTEE	<input type="checkbox"/> N.L.

**REGISTERED OFFICE:**

OCCUPIERS  
NAME:

ADDRESS:

**PRINCIPAL PLACE OF BUSINESS:**

ADDRESS:

**STATE OF INCORPORATION:**

**IF NAME FOR COMPANY IS ALREADY REGISTERED AS A BUSINESS NAME:**

**NAME(S) OF PRESENT OWNER(S):**

**SHAREHOLDER / DIRECTOR / SECRETARY / PUBLIC OFFICER:**

(Delete whichever is not applicable)

<b>GIVEN NAMES</b>	<input style="width: 100%; height: 25px;" type="text"/>	<b>SURNAME</b>	<input style="width: 100%; height: 25px;" type="text"/>
<b>RESIDENTIAL ADDRESS</b>	<input style="width: 100%; height: 40px;" type="text"/>	<b>FORMER NAMES</b> (if any)	<input style="width: 100%; height: 25px;" type="text"/>
<b>TYPE OF SHARE</b>	<input style="width: 100%; height: 25px;" type="text"/>	<b>NO. SHARES</b>	<input style="width: 100%; height: 25px;" type="text"/>

**IF A DIRECTOR OR SECRETARY:**

<b>DATE OF BIRTH</b>	<input style="width: 100%; height: 25px;" type="text"/>	<b>PLACE OF BIRTH</b> (Town & Country)	<input style="width: 100%; height: 25px;" type="text"/>
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