|  |  |
| --- | --- |
| ACN 079 220 901  [admin@banksiacorporate.com.au](mailto:admin@banksiacorporate.com.au)  [www.banksiacorporate.com.au](http://www.banksiacorporate.com.au) Phone (03) 9734 6780  **Order Form - NEW COMPANY REGISTRATION – 2025/26** |  |

# Your Details

|  |  |
| --- | --- |
| Your Firm |  |
| Your Name |  |
| Delivery Address |  |
| Date |  |
| Phone Number |  |
| Email Address |  |

# New Company Details

|  |  |
| --- | --- |
| New Company Name (1st Preference) |  |
| New Company Name (2nd Preference) |  |
| Registered Office Address |  |
| Name of Occupier (Registered Office) |  |
| Business Address |  |
| State of Registration |  |
| Is There an Identical Business Name? (Yes or No) |  |
| Is This Company to Act as Trustee of a SMSF? (Yes or No) |  |

# Please Select One Option Only (1, 2 or 3)

|  |  |
| --- | --- |
| Option 1 – Hardcopy of Company with Binder, Register, All Documents & 3 Copies of Constitution - $990 (Yes or No) |  |
| Option 2 – Electronic Company Only With All Docs & Constitution - $930 (Yes or No) |  |
| Option 3 – Company with Binder, Hard Copies of All Docs, 3 Copies of Constitution & Electronic Copies of All Docs - $1,030  (Yes or No) |  |
| Common Seal Required? - $66 (Yes or No) |  |
| Additional Hard Copy of Constitution - $22 (Yes or No) |  |
| Electronic Copy of Constitution – $Nil (Yes or No) |  |

# 1/2

# Directors – Secretaries – Public Officer - Members

| Full Name |  |
| --- | --- |
| Director ID Number? |  |
| I hereby agree to registration of the company and state that I agree to act in each capacity as indicated below. I further confirm that if I am a proposed director of the company, I have a DIN in place. | **………………………………….**  **Signature** |
| Residential Address |  |
| Date of Birth |  |
| Place of Birth (Country and Town) |  |
| Director? (Yes or No) |  |
| Secretary? (Yes or No) |  |
| Public Officer (Yes or No) |  |
| No. of Shares Held (if any) |  |

|  |  |
| --- | --- |
| Full Name |  |
| Director ID Number? |  |
| I hereby agree to registration of the company and state that I agree to act in each capacity as indicated below. I further confirm that if I am a proposed director of the company, I have a DIN in place. | **………………………………….**  **Signature** |
| Residential Address |  |
| Date of Birth |  |
| Place of Birth (Country and Town) |  |
| Director? (Yes or No) |  |
| Secretary? (Yes or No) |  |
| Public Officer (Yes or No) |  |
| No. of Shares Held (if any) |  |
| Credit Card Payment | |
| **Cardholder’s Name** |  |
| **Credit Card No.** |  |
| **Expiry Date** |  |
| **Amount** |  |
| **Cardholder’s Signature** |  |

# 2/2