



## COMPANY REGISTRATION ORDER FORM

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Preferred Company Name/s \_\_\_\_\_

Is this name a Registered Business Name?  YES  NO If Yes, in which State/s or Territory/s is it registered? \_\_\_\_\_

Registered Office Address \_\_\_\_\_  
 (in full)

Occupier \_\_\_\_\_  
 (Only required if Registered Office is c/- accountants, solicitors etc)

Full Principal Place of Business \_\_\_\_\_

### DETAILS OF COMPANY OFFICERS AND SHAREHOLDERS

**#1** (To be Chairman)  
 Family Name \_\_\_\_\_ GivenName/s \_\_\_\_\_  
 Full Street Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth (Town/State/Country) \_\_\_\_\_  
 Number of Shares \_\_\_\_\_ Class ORD or \_\_\_\_\_ Paid: \$1/share OR:\$ \_\_\_\_\_ \*Beneficially Held?  YES  
 Positions Held  DIRECTOR  SECRETARY  PUBLIC OFFICER  NO

**#2**  
 Family Name \_\_\_\_\_ GivenName/s \_\_\_\_\_  
 Full Street Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth (Town/State/Country) \_\_\_\_\_  
 Number of Shares \_\_\_\_\_ Class ORD or \_\_\_\_\_ Paid: \$1/share OR:\$ \_\_\_\_\_ \*Beneficially Held?  YES  
 Positions Held  DIRECTOR  SECRETARY  PUBLIC OFFICER  NO

I, \_\_\_\_\_ hereby declare that I hold the necessary consent/s of the party/s listed above.  
 (Print Name)

\_\_\_\_\_  
**Signature Required**

**PAYMENT DETAILS:** Please debit the following card details by the amount of **\$ 1650.00**

**TYPE OF CARD:** Visa  Mastercard  Cheque

**CARD NUMBER:** \_\_\_\_\_ **EXPIRY DATE:** ( / )

**NAME ON CARD:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

Please return this Form to [info@atomaat.com.au](mailto:info@atomaat.com.au) or call us on 07 5452 7205