



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:

TYPE OF CARD: Visa Mastercard Cheque

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____

Please return this Form to info@atomaat.com.au or call us on 07 5452 7205
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