



COMPANY REGISTRATION ORDER FORM

Name: _____

Address: _____

Phone: _____

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



Ph 07 5452 7205

SMSF GEARED INVESTMENT DEED
ORDER FORM

SMSF DETAILS

SMSF NAME _____

SMSF TRUSTEE NAME _____

SMSF ADDRESS _____

NAMES OF ALL DIRECTORS _____

NAMES OF ALL SMSF MEMBERS _____

BARE TRUST DETAILS

BARE TRUST NAME _____

BARE TRUSTEE NAME _____

A.C.N _____

BARE TRUST ADDRESS _____

NAMES OF ALL DIRECTORS _____

PAYMENT DETAILS:

TYPE OF CARD: Visa Mastercard Cheque

CARD NUMBER: _____ **EXPIRY DATE:** (/)

NAME ON CARD: _____ **SIGNATURE:** _____

THIS AMOUNT IS PAYABLE BY THE SUPERANNUATION FUND. IT CAN BE PAID ON YOUR PERSONAL CREDIT CARD AND REIMBURSED FROM THE SUPER FUND AT A LATER DATE.