COMPANIES · SHELF

Aged company order form.

Buy an established shelf company from our register and have it transferred to your client.

TIME TO COMPLETE	RETURN TO	QUESTIONS
10 min	team@cosecpartners.com.au	1300 226 226

FILLING THIS FORM

Type straight into the fields in Adobe Acrobat Reader, or print and complete by pen. **Required fields** are marked with an oxblood asterisk. Tick every box that applies and skip any section that does not apply to your order.

01 The company.

See cosecpartners.com.au for available aged companies, or call us to reserve one.

AGED COMPANY NAME *			
NEW NAME *if changing the name*			
TRANSFER DATE * *appointment date*		BUSINESS NAME TO REGISTER *if required*	
COMPANY TYPE	☐ Standard ☐ Special purpose (may need constitution changes, please ask us)		

02 Company addresses.

PRINCIPAL PLACE OF BUSINESS *	
REGISTERED OFFICE OCCUPIER *if not the company*	
REGISTERED OFFICE ADDRESS *	

03 Officeholders & shareholders.

The first officeholder is taken to be chair and public officer. A secretary is optional and appointed automatically for a sole director.

01 OFFICEHOLDER OR MEMBER · CHAIR AND PUBLIC OFFICER

SURNAME OR COMPANY *	GIVEN NAMES OR ACN *

FORMER NAMES *if any*

RESIDENTIAL ADDRESS *

DATE OF BIRTH	PLACE OF BIRTH *town, state, country*

☐ Director ☐ Shareholder ☐ Secretary

SHARE CLASS AND NUMBER	HELD ON TRUST?
	☐ Yes ☐ No

02 OFFICEHOLDER OR MEMBER

SURNAME OR COMPANY	GIVEN NAMES OR ACN

FORMER NAMES *if any*

RESIDENTIAL ADDRESS

DATE OF BIRTH	PLACE OF BIRTH *town, state, country*

☐ Director ☐ Shareholder ☐ Secretary

SHARE CLASS AND NUMBER	HELD ON TRUST?
	☐ Yes ☐ No

03 OFFICEHOLDER OR MEMBER

SURNAME OR COMPANY	GIVEN NAMES OR ACN

FORMER NAMES *if any*

RESIDENTIAL ADDRESS

DATE OF BIRTH	PLACE OF BIRTH *town, state, country*

☐ Director ☐ Shareholder ☐ Secretary

SHARE CLASS AND NUMBER	HELD ON TRUST?
	☐ Yes ☐ No

04 OFFICEHOLDER OR MEMBER

SURNAME OR COMPANY	GIVEN NAMES OR ACN

FORMER NAMES *if any*

RESIDENTIAL ADDRESS

DATE OF BIRTH	PLACE OF BIRTH *town, state, country*

☐ Director ☐ Shareholder ☐ Secretary

SHARE CLASS AND NUMBER	HELD ON TRUST?
	☐ Yes ☐ No

05 OFFICEHOLDER OR MEMBER

SURNAME OR COMPANY	GIVEN NAMES OR ACN

FORMER NAMES *if any*

RESIDENTIAL ADDRESS

DATE OF BIRTH	PLACE OF BIRTH *town, state, country*

☐ Director ☐ Shareholder ☐ Secretary

SHARE CLASS AND NUMBER	HELD ON TRUST?
	☐ Yes ☐ No

04 Additional notes.

Anything else we should know, or instructions for this order.

NOTES AND INSTRUCTIONS	

05 Your firm.

The firm or person placing this order with CoSec Partners.

FIRM *			
INDUSTRY	☐ Accounting ☐ Legal ☐ Financial planning ☐ Other		
CONTACT NAME *		PHONE *	
EMAIL *		PO NUMBER *if any*	
STREET ADDRESS			
SUBURB		STATE	POSTCODE

06 Declarations & signature.

BY SIGNING BELOW **I/we confirm each of the following.**

01 ☐ The information in this form is true and correct at the time of signing.

02 ☐ Every person named in this form has consented to their details being given to CoSec Partners, and to ASIC, the ATO or a solicitor where needed to complete this order.

03 ☐ **Appointment of agent.** To CoSec Partners: You are appointed to act as our agent to procure a constitution and ancillary legal documentation from a solicitor, on the particulars set out in this form, and to lodge the required forms with ASIC on our behalf. We will pay you the amounts agreed.

04 ☐ Each director and secretary named has consented in writing to their appointment under s201D, and each shareholder has consented to become a member, as required by the Corporations Act 2001.

05 ☐ No director named is disqualified from managing corporations under s206B or is an undischarged bankrupt.

06 ☐ **No advice.** We understand CoSec Partners does not provide legal, accounting, financial or stamp duty advice and takes no responsibility for taxation, legal or other liabilities arising from work done on our instructions. We have obtained our own advice on this transaction.

SIGNATURE OF AUTHORISED PERSON _____ FULL NAME _____ DATE _____

07 Payment & submission.

PAYMENT

We invoice on receipt. We review your order, send an itemised invoice with a secure card payment link, and proceed on settlement. EFT is also available: **ANZ, BSB 015-056, Account 225 324 305**, reference: name of aged company. Please do not write card details on this form. Current pricing is at cosecpartners.com.au.

Three ways to *return this form.*

EMAIL
team@cosecpartners.com.au

PORTAL
cosecpartners.com.au/portal

PHONE
1300 226 226