BUSINESS NAMES · ASIC

Business name order form.

Register a business name with ASIC for an individual, partnership, company or trust.

TIME TO COMPLETE	RETURN TO	QUESTIONS
5 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 business name.

FIRST CHOICE *	
SECOND CHOICE	
THIRD CHOICE	
REGISTRATION PERIOD *	☐ 1 year ☐ 3 years

02 Business details.

Addresses must be street addresses. PO boxes are not accepted.

BUSINESS ADDRESS *			
ADDRESS FOR SERVICE * *of notices*			
EMAIL FOR ASIC *		MOBILE FOR ASIC SMS *optional*	

03 Who will hold the name.

Tick one holder type and complete the matching details below.

HOLDER TYPE *	☐ Individual(s) or partnership ☐ Company ☐ Trust ☐ Other structure

01 INDIVIDUAL HOLDER

SURNAME	GIVEN NAMES

ABN

RESIDENTIAL ADDRESS

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

02 INDIVIDUAL HOLDER

SURNAME	GIVEN NAMES

ABN

RESIDENTIAL ADDRESS

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

03 INDIVIDUAL HOLDER

SURNAME	GIVEN NAMES

ABN

RESIDENTIAL ADDRESS

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

MORE THAN THREE INDIVIDUALS?

☐ Yes, schedule attached

COMPANY HOLDER

COMPANY NAME

ACN | ABN

TRUST HOLDER

TRUST NAME | ABN

A representative is required, usually the trustee. If the trustee is a company, give a director's details.

REPRESENTATIVE SURNAME | GIVEN NAMES

RESIDENTIAL ADDRESS

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

OTHER STRUCTURE

DETAILS *for example a joint venture or partnership where each party has an ABN; attach a schedule if needed*

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 register the business name with ASIC, sign the application on our behalf and pay the ASIC fees. We will pay you the amounts agreed.

04 ☐ **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: business name. 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