COMPANIES · ASIC

Company deregistration.

Voluntary deregistration of a solvent company, including the members' resolution and ASIC lodgement.

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 company.

COMPANY NAME *		ACN *	
MEETING ADDRESS			

02 Eligibility check.

ASIC will only deregister a company that meets every condition below. Tick each to confirm.

- ☐ All ASIC documents and fees, including annual reviews, have been lodged and paid. Our fees do not cover these.
- ☐ The company has assets worth less than $1,000 and no outstanding liabilities.
- ☐ The company is not a party to any legal proceedings.
- ☐ The company has ceased to carry on business.
- ☐ All members agree to deregister the company.

03 Officeholders & members.

Up to six. Attach a schedule for more.

01 OFFICEHOLDER OR MEMBER

SURNAME OR COMPANY *	GIVEN NAMES OR ACN *

RESIDENTIAL ADDRESS *

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

☐ Director ☐ Secretary ☐ Member

02 OFFICEHOLDER OR MEMBER

SURNAME OR COMPANY	GIVEN NAMES OR ACN

RESIDENTIAL ADDRESS

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

☐ Director ☐ Secretary ☐ Member

03 OFFICEHOLDER OR MEMBER

SURNAME OR COMPANY	GIVEN NAMES OR ACN

RESIDENTIAL ADDRESS

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

☐ Director ☐ Secretary ☐ Member

04 OFFICEHOLDER OR MEMBER

SURNAME OR COMPANY	GIVEN NAMES OR ACN

RESIDENTIAL ADDRESS

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

☐ Director ☐ Secretary ☐ Member

05 OFFICEHOLDER OR MEMBER

SURNAME OR COMPANY	GIVEN NAMES OR ACN

RESIDENTIAL ADDRESS

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

☐ Director ☐ Secretary ☐ Member

06 OFFICEHOLDER OR MEMBER

SURNAME OR COMPANY	GIVEN NAMES OR ACN

RESIDENTIAL ADDRESS

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

☐ Director ☐ Secretary ☐ Member

04 The applicant.

The applicant must be a director, member or liquidator of the company.

APPLICANT IS A *	☐ Director ☐ Member ☐ Liquidator
FULL NAME *	
ADDRESS *	

05 Additional notes.

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

NOTES AND INSTRUCTIONS	

06 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

07 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 prepare and lodge the required documents with ASIC on our behalf, and to 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 _____

08 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: company 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