NEW COMPANY REGISTRATION · AUSTRALIA

Your order form, in a few minutes.

Instructions for CoSec Partners to register a new Australian proprietary or public company with ASIC. We review your instructions, lodge with ASIC, and return your full corporate register the same business day.

TIME TO COMPLETE	RETURN TO	QUESTIONS
10 to 15 min	team@cosecpartners.com.au	1300 226 226

BEFORE YOU START

What you'll need

- Proposed company name and a backup
- Full names, DOBs and residential addresses for every director, secretary and shareholder
- Director Identification Number for each director
- Tax residency status for each director
- Share structure and class allocation
- Trust details if any shares are held on trust
- ABN registration details if applicable

WHAT YOU'LL RECEIVE

Same business day

- ASIC certificate of registration with ACN
- Company constitution or replaceable rules confirmation
- Member, officeholder and option registers
- Signed share certificates
- Director and member consents under s201D and s117
- Minutes of first directors' meeting
- ABN and TFN where requested

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.

PROPOSED NAME * *first choice*			
PROPOSED NAME *backup choice*			
COMPANY TYPE *	☐ Proprietary (Pty Ltd) ☐ Public limited (Ltd) ☐ Public no liability (NL) ☐ Limited by guarantee		
STATE *	☐ NSW ☐ VIC ☐ QLD ☐ SA ☐ WA ☐ TAS ☐ ACT ☐ NT		
CONSTITUTION *	☐ CoSec standard ☐ Replaceable rules only ☐ Custom (attached)		
SAME AS A BUSINESS NAME?	☐ Yes ☐ No	**ULTIMATE HOLDING COMPANY** *name and ACN or ABN, if any*	

DIRECTOR ID

Each director must hold a Director Identification Number before appointment under **s1272C of the Corporations Act**. Add each DIN in Section 03. If a director does not have one yet, we can guide them through the application.

02

Company addresses.

The registered office is where ASIC sends correspondence. The principal place of business is where the company operates. They can be the same.

REGISTERED OFFICE

CARE OF *if not the company*

STREET ADDRESS * *no PO boxes*

SUBURB *	STATE *	POSTCODE *

PRINCIPAL PLACE OF BUSINESS

☐ Yes, skip below ☐ No

STREET ADDRESS

SUBURB	STATE	POSTCODE

03 Officeholders & shareholders.

One block per person or entity. Tick the role at the top of each. For a corporate shareholder, enter the company name as family name and add its ACN. Attach a schedule for more than four.

01 PERSON OR ENTITY

☐ Officeholder only ☐ Shareholder only ☐ Both

FAMILY NAME *	GIVEN NAMES *

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

RESIDENTIAL ADDRESS * *street, suburb, state, postcode*

TAX RESIDENCY *	DIRECTOR ID (DIN) *if director*	ACN *if a company*
☐ Australian ☐ Foreign		

OFFICEHOLDER ROLES

Tick all that apply · individuals only

☐ Director ☐ Secretary ☐ Chairperson ☐ Public officer (tax)

SHAREHOLDING

Only if a shareholder

SHARE CLASS	NUMBER ISSUED	ISSUE PRICE ($)	TOTAL ($)

HELD ON TRUST?	NAME AND TYPE OF TRUST *if held on trust*
☐ No ☐ Yes	

02 PERSON OR ENTITY

☐ Officeholder only ☐ Shareholder only ☐ Both

FAMILY NAME	GIVEN NAMES

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

RESIDENTIAL ADDRESS *street, suburb, state, postcode*

TAX RESIDENCY	DIRECTOR ID (DIN) *if director*	ACN *if a company*
☐ Australian ☐ Foreign		

OFFICEHOLDER ROLES

Tick all that apply · individuals only

☐ Director ☐ Secretary ☐ Chairperson ☐ Public officer (tax)

SHAREHOLDING

Only if a shareholder

SHARE CLASS	NUMBER ISSUED	ISSUE PRICE ($)	TOTAL ($)

HELD ON TRUST?	NAME AND TYPE OF TRUST *if held on trust*
☐ No ☐ Yes	

03 PERSON OR ENTITY

☐ Officeholder only ☐ Shareholder only ☐ Both

FAMILY NAME	GIVEN NAMES

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

RESIDENTIAL ADDRESS *street, suburb, state, postcode*

TAX RESIDENCY	DIRECTOR ID (DIN) *if director*	ACN *if a company*
☐ Australian ☐ Foreign		

OFFICEHOLDER ROLES

Tick all that apply · individuals only

☐ Director ☐ Secretary ☐ Chairperson ☐ Public officer (tax)

SHAREHOLDING

Only if a shareholder

SHARE CLASS	NUMBER ISSUED	ISSUE PRICE ($)	TOTAL ($)

HELD ON TRUST?	NAME AND TYPE OF TRUST *if held on trust*
☐ No ☐ Yes	

04 PERSON OR ENTITY

☐ Officeholder only ☐ Shareholder only ☐ Both

FAMILY NAME	GIVEN NAMES

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

RESIDENTIAL ADDRESS *street, suburb, state, postcode*

TAX RESIDENCY	DIRECTOR ID (DIN) *if director*	ACN *if a company*
☐ Australian ☐ Foreign		

OFFICEHOLDER ROLES

Tick all that apply · individuals only

☐ Director ☐ Secretary ☐ Chairperson ☐ Public officer (tax)

SHAREHOLDING

Only if a shareholder

SHARE CLASS	NUMBER ISSUED	ISSUE PRICE ($)	TOTAL ($)

HELD ON TRUST?	NAME AND TYPE OF TRUST *if held on trust*
☐ No ☐ Yes	

04 Tax & ABN.

Skip if you do not need ABN or tax registrations.

BUSINESS ACTIVITY * *describe in plain English*			
AUTHORISED CONTACT *		PHONE *	
AUTHORISED EMAIL *		TURNOVER ($) *estimate*	
TAX AGENT NUMBER *if your firm is lodging as tax agent*		TRADING START DATE	
REGISTRATIONS	☐ ABN ☐ TFN ☐ GST (required at $75k turnover) ☐ PAYG withholding ☐ FBT		
GST METHOD	☐ Cash ☐ Accruals		

05 Business name.

Optional. Skip if you do not need a business name to trade under.

BUSINESS NAME		TERM	☐ 1 year ☐ 3 years

06 Additional services.

Tick anything to add to this order.

Printed and bound corporate register, delivered	See price list	☐ Add
CoSec Partners as ASIC registered agent	See price list	☐ Add
Resident director services *for foreign-owned companies*	See price list	☐ Add
Same-day lodgement priority *subject to capacity*	See price list	☐ Add
Trademark search and watch service	See price list	☐ Add

07 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	
SEND MAIL TO	☐ This firm only ☐ The directors directly ☐ Both				

08 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 this company with ASIC, register for an ABN and TFN where requested, and submit any business name application, on the particulars set out in this form. We will pay you the amounts agreed.

04 ☐ Each director named has signed a written consent to act under **s201D of the Corporations Act 2001 (Cth)**, which we hold and will keep for at least seven years.

05 ☐ Each shareholder has signed a written consent to become a member under **s117(5)**, which we hold.

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

07 ☐ We understand that giving false or misleading information is an offence under **s1308** of the Corporations Act.

08 ☐ **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 _____

09 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