



Phone **1300 226 226**
Email **team@cosecpartners.com.au**

AMENDMENTS TO CONSTITUTION – ORDER FORM

COMPANY NAME:.....**ACN:**.....

MEETING ADDRESS:.....

DETAILS OF OFFICEHOLDERS/MEMBERS:

SURNAME / CO:

GIVEN NAMES / ACN:.....

RESIDENTIAL ADDRESS:

DATE OF BIRTH: / / PLACE OF BIRTH (Town/State/country):

Tick office held: Director ☐ Secretary ☐ Member ☐

SURNAME / CO:

GIVEN NAMES / ACN:.....

RESIDENTIAL ADDRESS:

DATE OF BIRTH: / / PLACE OF BIRTH (Town/State/country):

Tick office held: Director ☐ Secretary ☐ Member ☐

SURNAME / CO:

GIVEN NAMES / ACN:.....

RESIDENTIAL ADDRESS:

DATE OF BIRTH: / / PLACE OF BIRTH (Town/State/country):

Tick office held: Director ☐ Secretary ☐ Member ☐

SURNAME / CO:

GIVEN NAMES / ACN:.....

RESIDENTIAL ADDRESS:

DATE OF BIRTH: / / PLACE OF BIRTH (Town/State/country):

Tick office held: Director ☐ Secretary ☐ Member ☐

DETAILS OF AMENDMENTS REQUIRED: We recommend that you contact our office to discuss these prior to completing your Order. Please attach additional pages if there is insufficient space below.

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ADDITIONALNOTES/INSTRUCTIONS:.....

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Disclaimer – We do not provide legal, accounting, financial or stamp duty advice and therefore take no responsibility for your taxation, legal or other liabilities which may arise from the work we perform on your instructions. We urge you to first obtain legal and accounting advice in relation to your affairs and in particular this transaction.

CLIENT DETAILS (FIRM):.....

CONTACT PERSON: **PH:**..... **FAX:**.....

FULL ADDRESS:.....

EMAIL: **SIGNATURE:**..... **DATE:**/...../.....

Please indicate how you would like to receive the documents

- ☐ **Electronic Delivery - PDF by email - Price on Application, or**
☐ **Electronic Delivery plus hard copy printed, bound and delivered - Price on Application**

PAYMENT REQUIRED WITH ORDER

Amount \$.....

☐ **Direct Deposit / EFT**

Bank: ANZ Banking Group

BSB: 015-056 Account: 225324305

Ref: Please use name of company

☐ **MasterCard**

☐ **Visa**

Card Number:.....Expiry Date:..... CCV

Name of Cardholder:.....Signature.....

Please email completed form to team@cosecpartners.com.au