


PARTNERS

July 2026

NEW COMPANY ORDER FORM

APPLICANT DETAILS

Firm/organisation ¹	Please select your industry type
Contact Person	Phone Number
Email Address	Street No. and Name
Suburb/City	State/Territory
Postcode	Country (if not Australia)
Delivery Address ¹	

COMPANY DETAILS

Name of Company	1 st choice	
	2 nd choice	
Select the legal elements that apply		Is this a private or a Public Company?
State of Incorporation		Select the purpose of the company
Is the name the same as an existing Business Name?		Please indicate your preferred company constitution

PRINCIPAL PLACE OF BUSINESS

Office, Unit, Level	Street No. and Name
Suburb/City	State/Territory
Postcode	Country (if not Australia)

REGISTERED OFFICE

At the office of, C/- ¹	Office, Unit, Level
Street No. and Name	Suburb/City
State/Territory	Postcode

OFFICEHOLDER/SHAREHOLDER 1

Family Name	Given Names
Former Name	
Company Name ¹	ACN/ARBN/ABN ¹
Office, unit, level, or PO Box No. ¹	
Street No. and Name	Suburb/City
State/Territory	Postcode
Country (if not Australia)	

Officeholder Details

Office held	Director	Secretary	Chairman	Public Officer
Date of Birth				
Place of birth – Town/City			Place of birth – State/Country	

Shareholder Details

Choose Share Class		Number Issued
Issue Price (\$)		Total Issued Share Value (\$)
Held in Trust?	Yes No	Name of Trust ¹
Held Jointly?	Yes No	Name of Joint Shareholder ¹

 Address of Joint Shareholder¹
¹if applicable

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OFFICEHOLDER/SHAREHOLDER 2 (if you required additional associates please complete page 4 and 5 of this form)

Family Name
Former Name
Company Name¹
Office, unit, level, or PO Box No.¹
Street No. and Name
State/Territory
Country (if not Australia)

Given Names
ACN/ARBN/ABN¹
Suburb/City
Postcode

Officeholder Details

Office held
Date of Birth
Place of birth – Town/City

Director
Secretary
Chairman
Public Officer

Place of birth – State/Country

Shareholder Details

Choose Share Class
Issue Price (\$)
Held in Trust?
Held Jointly?
Address of Joint Shareholder¹

Number Issued
Total Issued Share Value (\$)
Name of Trust¹
Name of Joint Shareholder¹

Yes No
Yes No

ADDITIONAL SERVICES (if require please also complete page 3 of this form)

Would you like your documents printed, bound and delivered? Yes
Do you require registration for an ABN? Yes
Do you wish to register a business name to trade under - 1 year? Yes
Do you wish to register a business name to trade under - 3 years? Yes
Do you wish to appoint ABN Australia as the ASIC Registered Agent for your company? Yes

For pricing, please refer to our online price list ([Click Here](#))

ADDITIONAL NOTES

Provide additional notes and/or instructions

DECLARATIONS

I/we apply for registration of a company on the basis of the information in this form and any attachments. I/we have the necessary written consents and agreements referred to in the application concerning the member and officeholders and I/we shall give the consents and agreements to the company after the company becomes registered. The information provided in this application and in any annexures is true and correct at the time of signing.

To CoSec Partners: You are appointed to act as our agent to procure a Constitution and ancillary legal documentation from a solicitor, the particulars for such Constitution and legal documents being set out hereinbefore. In consideration for you acting as our agent, payment of solicitors costs, attending to compilation of materials in a register and delivery of same, we shall pay you such amounts as agreed. We confirm all directors and secretaries on this form have consented in writing to their appointments under section 117(5) of the Corporations Act and appoint ABNAustralia.com.au to sign the application for registration of this company as agent on our behalf.

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.

PAYMENT DETAILS

Total Value of Order (\$)
Name of Cardholder
Expiry Date

Payment Method
Credit Card Number
CCV
BSB: 015-056
Account: 225324305

¹if applicable

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

ABN REGISTRATION

Describe your main business activities (in detail)

Authorised Email Address

Authorised Contact Person

Authorised Phone Number

Does the company
wish to apply for GST?

What is your estimated
annual turnover (\$)?

Preferred GST
accounting method

BUSINESS NAME REGISTRATION

Business Name

Contact Person

Contact Email Address

ABN & BUSINESS NAME REGISTRATION DECLARATION

Business Name Registration

I declare that CoSec Partners (ABN 58 615 782 799) is, if required, authorised to submit a business name application to the Australian Securities & Investments Commission (ASIC) on my behalf. I understand that CoSec Partners will utilise information supplied by me in this form to apply for a business name as instructed. I am not disqualified from managing corporations under Section 206B(1) of the Corporations Act 2001.

ABN Registration

I also declare that CoSec Partners is, if required, authorised to submit an ABN application to the Australian Tax Office on my behalf. I confirm that I have received the consent of all individuals referred to in this application form, to the submission of their personal information contained in this form to CoSec Partners and to the ATO and ASIC as necessary to process this application. I also confirm:

- I am not disqualified from managing corporations under Section 206B(1) of the Corporations Act 2001.
- Within the last 5 years I have not been convicted of, or released from prison after being convicted of, and serving a term of imprisonment for, any of the criminal offences referred to in Section 32(1)(c) or (d) of the Business Names Registration Act 2011.
- This application is submitted under, and is compliant with, the terms and conditions of the ASIC Electronic Lodgement Protocol.
- The information supplied is, to the best of my knowledge, accurate and complete.
- I understand the best structure for my business (Company).
- I have the TFN, date of birth and name, OR name, address and date of birth for all key people in my business.
- I am not applying just because I have been asked to get an ABN as a condition of employment.
- I meet a number of the key characteristics of a business, or will once started, for example sourcing my own clients, I can delegate my work to others if I choose, I will invoice for my work and set my rate of pay, I will have a bank account for my business separate from my own bank account, I am responsible for my own public liability, professional indemnity and/or workers compensation/ income protection insurance.
- I can provide evidence that I am entitled to an ABN if requested.
- To provide true and correct information in my ABN application. Penalties of up to \$12,600 can apply for each false or misleading statement made in an ABN application.
- Once I have an ABN I must keep it up to date (within 28 days of any change) and cancel it once I am no longer trading or carrying on an enterprise.

ADDITIONAL NOTES

Provide additional notes and/or instructions

¹if applicable

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Officeholder Details

Office held Director Secretary Chairman Public Officer
 Date of Birth
 Place of birth – Town/City Place of birth – State/Country

Shareholder Details

Choose Share Class Number Issued
 Issue Price (\$) Total Issued Share Value (\$)
 Held in Trust? Yes No Name of Trust¹
 Held Jointly? Yes No Name of Joint Shareholder¹
 Address of Joint Shareholder¹

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