COSEC PARTNERS

NEW COMPANY + FAMILY TRUST ORDER FORM

This combined form can be used when ordering a family (discretionary) trust with a corporate trustee.

RESET

FORM SECTION: NEW COMPANY DETAILS

COMPANY DETAILS (CORPORATE TRUSTEE)

Name of Company — 1st choice

2nd choice

Select the legal elements that apply: Pty Ltd

State of Incorporation

Is the name the same as an existing Business Name: No

Is this a private or a Public Company: Private Company

Select the purpose of the company: Standard Company

Please indicate your preferred company constitution: CoSec Partners' standard comp

ADDITIONAL SERVICES

Would you like your documents printed, bound and delivered? ☐ Yes

Do you wish to appoint ABNAustralia.com.au 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

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

[1]if applicable

NEW COMPANY + FAMILY TRUST ORDER FORM

Shareholder Details

Choose Share Class	Ordinary	Number Issued	
Issue Price ($)		Total Issued Share Value ($)	0
Held in Trust?	○ Yes ○ No	Name of Trust[1]	
Held Jointly?	○ Yes ○ No	Name of Joint Shareholder[1]	
Address of Joint Shareholder[1]			

OFFICEHOLDER/SHAREHOLDER 2

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	Ordinary	Number Issued	
Issue Price ($)		Total Issued Share Value ($)	0
Held in Trust?	○ Yes ○ No	Name of Trust[1]	
Held Jointly?	○ Yes ○ No	Name of Joint Shareholder[1]	
Address of Joint Shareholder[1]			

ADDITIONAL OFFICEHOLDER/SHAREHOLDER

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		

[1]if applicable

NEW COMPANY + FAMILY TRUST ORDER FORM

Shareholder Details

Choose Share Class: Ordinary | Number Issued:
Issue Price ($): | Total Issued Share Value ($): 0
Held in Trust? Yes No | Name of Trust[1]:
Held Jointly? Yes No | Name of Joint Shareholder[1]:
Address of Joint Shareholder[1]:

ADDITIONAL OFFICEHOLDER/SHAREHOLDER

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: Ordinary | Number Issued:
Issue Price ($): | Total Issued Share Value ($): 0
Held in Trust? Yes No | Name of Trust[1]:
Held Jointly? Yes No | Name of Joint Shareholder[1]:
Address of Joint Shareholder[1]:

ADDITIONAL OFFICEHOLDER/SHAREHOLDER

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:

[1]if applicable

NEW COMPANY + FAMILY TRUST ORDER FORM

Shareholder Details

Choose Share Class	Ordinary	Number Issued	
Issue Price ($)		Total Issued Share Value ($)	0
Held in Trust?	◯ Yes ◯ No	Name of Trust[1]	
Held Jointly?	◯ Yes ◯ No	Name of Joint Shareholder[1]	
Address of Joint Shareholder[1]			

ADDITIONAL OFFICEHOLDER/SHAREHOLDER

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	Ordinary	Number Issued	
Issue Price ($)		Total Issued Share Value ($)	0
Held in Trust?	◯ Yes ◯ No	Name of Trust[1]	
Held Jointly?	◯ Yes ◯ No	Name of Joint Shareholder[1]	
Address of Joint Shareholder[1]			

[1]if applicable

NEW COMPANY + FAMILY TRUST ORDER FORM

FORM SECTION: FAMILY TRUST DETAILS

TRUST NAME

Name of Trust

State of Trust

TRUSTEE 1

Trustee Name

ACN (if company)

Chairman for the minutes (if company)

Street No. and Name — *PO Boxes are not acceptable here*

Suburb/City

State/Territory

Postcode

Country (if not Australia)

TRUSTEE 2

Trustee Name

ACN (if company)

Chairman for the minutes (if company)

Street No. and Name — *PO Boxes are not acceptable here*

Suburb/City

State/Territory

Postcode

Country (if not Australia)

SETTLOR

Settlor Name — *The settlor must not be a director of the Trustee Company – should be independent of Trustee and all beneficiaries*

Settled Sum ($) — *Gift never to be refunded*

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

APPOINTOR

Sole Appointor Name — *The Appointer must be aged 18 years or older*

Upon Appointer Death — *Leave blank for personal legal representative*

Joint Appointor 2

Joint Appointor 3

Joint Appointor 4

BENEFICIARIES

☐ Exclude Foreign Persons? — *Tick this box if you do not want any foreign parties to be beneficiaries of this trust. Our trust deed will include a provision explicitly excluding foreign parties as primary and secondary beneficiaries.*

☐ SA Farming Trust? — *Tick this box if this is a South Australian Farming Trust.*

PRIMARY BENEFICIARY 1

Given Names (if applicable)

Surname (if applicable)

Company Name (if applicable)

Street No. and Name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

PRIMARY BENEFICIARY 2

Given Names (if applicable)		Surname (if applicable)	
Company Name (if applicable)			
Street No. and Name			
Suburb/City		State/Territory	
Postcode		Country (if not Australia)	

PRIMARY BENEFICIARY 3

Given Names (if applicable)		Surname (if applicable)	
Company Name (if applicable)			
Street No. and Name			
Suburb/City		State/Territory	
Postcode		Country (if not Australia)	

PRIMARY BENEFICIARY 4

Given Names (if applicable)		Surname (if applicable)	
Company Name (if applicable)			
Street No. and Name			
Suburb/City		State/Territory	
Postcode		Country (if not Australia)	

PRIMARY BENEFICIARY 5

Given Names (if applicable)		Surname (if applicable)	
Company Name (if applicable)			
Street No. and Name			
Suburb/City		State/Territory	
Postcode		Country (if not Australia)	

ADDITIONAL SERVICES

- ☐ Would you like your documents printed, bound and delivered?
- ☐ Do you require stamping? *South Australia only*
- ☐ Do you require registration for an ABN?
- ☐ Do you wish to register a business name to trade under – 1 year?
- ☐ Do you wish to register a business name to trade under – 3 years?

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

ADDITIONAL NOTES

Provide additional notes and/or instructions

NEW COMPANY + FAMILY TRUST ORDER FORM

FORM SECTION: ADDITIONAL SERVICES

ABN REGISTRATION

Describe your main business activities (in detail)

Authorised Email Address			
Authorised Contact Person			
Authorised Phone Number		Wish to apply for GST?	No
Est. annual turnover ($)		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.

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

NEW COMPANY + FAMILY TRUST ORDER FORM

FORM SECTION: APPLICANT DETAILS

TRUST AND COMPANY 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.

✓ To CoSec Partners: You are appointed to act as our agent to procure a Trust Deed and ancillary legal documentation from a solicitor, the particulars for such trust deed and legal documents being set out hereinbefore. In consideration for you acting as our agent, payment of solicitors costs, attending to compliation of materials in a register and delivery of same we shall pay you such amounts as agreed.

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.

APPLICANT DETAILS

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

PAYMENT DETAILS

Total Value of Order ($)	1208	Payment Method	Visa
Name of Cardholder		Credit Card Number	
Expiry Date		CCV	

BANK ACCOUNT DETAILS

Please make bank transfers to:

Bank: ANZ Banking Group BSB: 015-056 Account: 225324305 Ref: Please use name of Trust

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