

THE COMPANY PEOPLE

THE COMPANY PEOPLE PTY LTD <i>Tel: 1800 039 061</i> Website: www.thecompanypeople.com.au	LEVEL 1, 5 CASTLES DRIVE TORQUAY VICTORIA 3228 <i>Fax: 1800 633 644</i> email: admin@thecompanypeople.com.au
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FIRM/PERSON PLACING ORDER	
Firm Name:	Contact Name:
Address:	
Phone:	Fax:

SECTION A - COMPANY INFORMATION

Name of Company to be deregistered _____

A.C.N. _____

Registered office Address _____

- (a) Have all members of the company agreed to the deregistration of the Company
- (b) the company is not carrying on business
- (c) the company's assets are worth less than \$1000
- (d) the company has paid all fees and penalties payable under the Act
- (e) the company has no outstanding liabilities and
- (f) the company is not a part to any legal proceedings.

Please indicate that all the above are correct Yes

SECTION B - DETAILS OF APPLICANT

Full name _____

Residential address _____

Status in Company _____
e.g. Company Director etc.

SECTION C - DIRECTORS, OFFICERS & SHAREHOLDERS

(If different to those listed in attached Annual Statement)

Full name _____

Residential address _____

Director Yes/No Secretary Yes/No Shareholder Yes/No

Full name _____

Residential address _____

Director Yes/No Secretary Yes/No Shareholder Yes/No

Full name _____

Residential address _____

Director Yes/No Secretary Yes/No Shareholder Yes/No

PLEASE NOTE: FULL PAYMENT IS REQUIRED AT TIME OF PLACING ORDER.

If there are further Directors, Officers or Shareholders please photocopy and submit as part of your order .

Price: \$283 (Inc. of GST and ASIC fee)

Confirmation of order and Payment Details

I, (print name) confirm that the persons/corporations named above have consented to act in the capacity shown. Payment for the company and/or other services will be as indicated below:

- Cheque enclosed \$
- Please debit my account - I understand that my firm/company will be liable to you for payment. I confirm that I am authorised to place this order on behalf of my firm/company.
- Please charge \$ for this purchase to the following credit card account:
 Mastercard Visa

Card Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Expiry Date...../.....

Cardholder name.....

Address.....

Authorised Signatory*.....

* If payment is by credit card - signatory must be the cardholder. If by debit on trading account signatory to be authorised to sign on behalf of firm /company (available to approved clients only).