A4 Companies

COMPANY ORDER FORM

Please Enter Your Information in the BLUE Boxes

PLEASE COMPLETE FORM IN UPPER CASE

Your Company Name	MY COMPANY PTY. LIMITED				
Telephone	1800 264 111	Co. Style	Super Trustee Company ?	NO	
Email	info@a4companies.com.au	MINICORP	Select Share Structure	TYPE 1	Share Type FAQ
PO Box 1215 Cronulla NSW 2230					

WE CONFIRM the Officers listed as Directors/Secretaries Consent to Act Y/N ?					Yes
No of Directors ?	1	No of Secretaries ?	1	No of Shareholders ?	1

Company Registered Office: (must be a street address)			
Building Name		Lvl/Unit	
Street		State	P Code
Suburb			
If the Registered Office above is with your Advisor/Accountant you will need Consent Details			
Name of Company/Firm:			
Name of Consent Signitory ?			

Company Business Address: (must be a street address)			
Building Name		Lvl/Unit	
Street		State	P Code
Suburb			

Person 1	In each BLUE box enter Y or leave blank					Public Officer signs Company tax returns		
Enter	Director ?	Sectry ?	Shares ?	Number ?	Class ?	Chairman	Public Officer ?	
Y ?	Yes	Yes	Yes	1	Ordinary	Yes		Yes
Names ?	First ?		Second ?		Family Name ? UPPER Case			
Examples	John		Henry		JONES			Birthdate
You								1-Dec-60
Birth Details	Suburb & Town		SYDNEY NSW	State	NSW	Country		AUSTRALIA
Home Address								
Street							State	P Code
Suburb								No
My Contact Mobile No.				My email				

Person 2	In each BLUE box enter Y or leave blank							
Person 2	Director ?	Sectry ?	Shares ?	Number ?	Class ?	Chairman	Public Officer ?	
Y ?	No	No	Yes	1	Ord	No		No
Names ?	First ?		Second ?		Family Name ?			Birthdate
You		Petra					PULJIC	1-Dec-60
Birth Details	Suburb & Town			State		Country		
Home Address								
Street							State	P Code
Suburb								
My Contact Mobile No.				My email				

CONFIRMATION OF COMPANY ORDER TERMS

We the Person/s listed in this order form as proposed Officers or Share Holders hereby agree that we are engaging A4Companies Pty. Ltd. ("A4") to act as my/our Agent and Register a company named as above and agree that receipt of this form by A4 will be acceptance for A4 to act as our agent for that purpose, and that the selection of the word "YES" in the following Declaration Box will be my/our acceptance to these terms.

I/WE WISH TO MAKE PAYMENT BY: ?	Bank Tfer		DECLARATION BOX (Select: Yes or No)	NO
CREDIT CARD	Please call our office on 1800 264 111 to make Credit Card payments.			
CHEQUE	Please Note: Company Registration will held until cheque funds are cleared with our bank.			
BANK TRANSFER/DEPOSiT	Please deposit to : A4Companies Pty. Limited at WESTPAC. BSB 032287, Account: 131257			