

Instructions to Deregister a Company

Company Name: **ACN**

Details of Officeholders/Members

The applicant hereby accepts full responsibility for any amount payable to CST Corporate Solutions Pty Ltd

Surname: Given Names:

Address:

Suburb: State: P/Code:

Date of Birth: Place of Birth (Town/State/Country):

Is the abovementioned a: Director Secretary Member

Surname: Given Names:

Address:

Suburb: State: P/Code:

Date of Birth: Place of Birth (Town/State/Country):

Is the abovementioned a: Director Secretary Member

Meeting Address:

.....

.....

Applicant Details: Applicant must be a Director Member Liquidator

Name:

Address:

Suburb: State: P/Code:

Client Details:

Firm Name:

Contact Person: Phone:

Street Add: Fax:

Postal Add:

Email Address:

Please Deliver to: Street Address Postal Address Other:

PLEASE NOTE: Please ensure all documents (ie Annual Returns) have been lodged and paid for with ASIC before proceeding with de-registration. Our fees do not include payment of such documents. The company must not have more than \$1000 in assets and have no outstanding liabilities nor should the company be a party to any legal proceedings.

Payment Details: Chq Encl. Chq in Mail Direct Deposit

or Charge our Credit Card: Bankcard Visa Mastercard Amount \$

Card Number: Expiry Date:

Name of cardholder Signature

Company Name: PAGE 2 OF 2

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