



### 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

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:.....  
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Date of Birth..... Place of Birth (Town/State/Country):.....  
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Suburb:..... State:..... P/Code.....  
Date of Birth..... Place of Birth (Town/State/Country):.....  
Is the abovementioned a:  Director  Secretary  Member

Please email this order to: [orders@cst.com.au](mailto:orders@cst.com.au)

or fax to: **1300 554 322**