



Instructions to Change a Company Name

Existing Company Name: ACN:

New Company Name:

2nd Choice:

3rd Choice:

Directors (Full Names) Please tick

1.....	Shareholder:	<input type="checkbox"/>
2.....	Shareholder:	<input type="checkbox"/>
3.....	Shareholder:	<input type="checkbox"/>
4.....	Shareholder:	<input type="checkbox"/>

Members who are not directors (Full Names)

1.....

2.....

3.....

4.....

Applicant Details

Firm Name: Customer Number:

Contact Person:

Street Address:

Postal Address:

Telephone: Facsimile:

Email Address:

Please Deliver to: Street Address / Postal Address / Other:

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