


Company Name:
State of Registration (leave blank if same as registered office)
Business Name Exists If yes provide States & Numbers and/or ABN:
Register Type: Normal (1" spine) Wide (1.5" spine) PDF Only SMSF Trustee Co 

Applicant Details:

Firm Name:
 Contact Person: Phone:
 Postal Add: Fax:
 Street Add:
 Email Address:

Please Deliver to: Street Address Other:
 The applicant hereby accepts full responsibility for any amount payable to CST Corporate Solutions Pty Ltd for the enclosed instructions.

signed: date:

Payment Details: Chq Encl. Chq in Mail Direct Deposit
 or Charge our Credit Card: Visa Mastercard Amount \$
 Card Number: Expiry Date:
 Name of Cardholder Signature

Company Addresses:

Registered Office:
(leave blank if C/- Applicant)
 Occupier's name (if the company does not occupy the reg'd office):
Principal Place of Business:
(leave blank if reg'd office)

Company Members and Officeholders and Consents to Act:

I hereby consent to act as a director / secretary / shareholder of the company and provide the following particulars:
 Surname: Given Names:
 or Coy/Trust Name:
 Former Names/ACN:
 Address: Reg'd Off PPOB or
 Suburb: State: P/Code
 Date of Birth Place of Birth (Town/State/Country):
 Director Secretary (if any) Shareholder Ultimate Holding Company
 1st Class Share Type: Number: 2nd Class Share Type: Number:
 Signed: Date:

Company Name: Page 2 of 2

Extra Company Members and Officeholders and Consents to Act:

I hereby consent to act as a director / secretary / shareholder of the company and provide the following particulars:

Surname: Given Names:

or Coy/Trust Name:

Former Names/ACN:

Address: as above or

Suburb: State: P/Code

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

Director Secretary (if any) Shareholder Ultimate Holding Company

1st Class Share Type: Number: 2nd Class Share Type: Number:

Signed: Date:

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or Coy/Trust Name:

Former Names/ACN:

Address: as above or

Suburb: State: P/Code

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

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Signed: Date: