

Company Incorporation - Order Form

What you are required to do to order your Company:

1. Complete all relevant fields in BLOCK LETTERS
2. Fax this form to Superannuation Support at (03) 8256 0117; or Email this form to admin@supersupport.com.au

SECTION A(I): PERSON/ADVISOR ORDERING COMPANY

YOUR NAME				Signature	
YOUR POSTAL ADDRESS					
YOUR COMPANY NAME					
DATE OF ORDER				Your Ref.	
Phone		Fax		Email	
Would you like to order a Company Seal for the Company, for an additional \$44?				YES	<input type="checkbox"/>
				NO	<input type="checkbox"/>

SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for a COMPANY INCORPORATION for the sum of \$

Direct Debit Visa Card MasterCard Cheque

Card Holder Name			
Credit Card Number	-	-	-
Expiry Date	/	Authorised Card Signature	

*To pay by Direct Debit you must have a current Direct Debit arrangement with Superannuation Support Pty Ltd.

If you would like to arrange for Direct Debit for future purchases please contact Superannuation Support Pty Ltd on 1300 762 663.

SECTION B: COMPANY DETAILS

PREFERRED COMPANY NAME 1			
PREFERRED COMPANY NAME 2			
PREFERRED COMPANY NAME 3			
Is this a Sole Purpose SMSF Trustee Company?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Has the Company name already been reserved with ASIC?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If yes, Name Reservation Number:			
Is the proposed Company identical to a Registered Business Name?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If yes, Registered Business Number:			State/s of issue
State of Registration of the Company			
Registered Office of Company			
Will the Company occupy this office?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

If no, what is the name of the occupier of the office?	
Principal place of business of the Company	
Price of Shares in the Company	\$

SECTION C(I): CONDITIONS OF APPOINTING INDIVIDUALS AS A DIRECTOR, SECRETARY OR PUBLIC OFFICER

- All Company officers must consent to their appointment as either a Director, a Secretary or a Public Officer. If the Officeholders have granted the advisor completing this form permission to do so, the advisor may consent on behalf of the Officeholders.
- The Public Officer must be a Director of the Company.

By checking this box, the Officeholders listed within this order form consent to their appointments under section 117(5) of the Corporations Act and agree to appoint Topdocs to sign the Company application as agent on their behalf.

SECTION C(II): DETAILS OF COMPANY DIRECTORS

DIRECTOR 1	Full name			
Address				
Town/City of Birth		State/ Country of Birth		
Date of Birth		Number of shares to be allocated to Director		
Class of shares				
Will these shares be held in Trust for another Party?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, the name of the Party the shares will be held in Trust for				
Will this director act as Public Officer for the Company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

DIRECTOR 2	Full name			
Address				
Town/City of Birth		State/ Country of Birth		
Date of Birth		Number of shares to be allocated to Director		
Class of shares				
Will these shares be held in Trust for another Party?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, the name of the Party the shares will be held in Trust for				
Will this director act as Public Officer for the Company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

DIRECTOR 3	Full name			
Address				
Town/City of Birth		State/ Country of Birth		
Date of Birth		Number of shares to be allocated to Director		
Class of shares				
Will these shares be held in Trust for another Party?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, the name of the Party the shares will be held in Trust for				
Will this director act as Public Officer for the Company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

DIRECTOR 4	Full name		
Address			
Town/City of Birth		State/ Country of Birth	
Date of Birth		Number of shares to be allocated to Director	
Class of shares		Price paid per share (if applicable)	\$
Will these shares be held in Trust for another Party?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If yes, the name of the Party the shares will be held in Trust for			
Will this director act as Public Officer for the Company?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

WHICH DIRECTOR WILL CHAIR THE MEETINGS OF THE COMPANY?	
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If you would like to nominate additional Directors (to a maximum of 6) please record their details on a separate sheet of paper and attach it to your fax/email.

SECTION C(III): DETAILS OF THE COMPANY SECRETARY

If you would like to nominate a Secretary for the Company, enter their details here. Otherwise continue to Section D.

SECRETARY	Full name		
Address			
Town/City of Birth		State/ Country of birth	
Date of Birth			

SECTION D: DETAILS OF ADDITIONAL MEMBERS

This order form provides you with the space to nominate up to 4 Additional Members (shareholders) to the Company. If you want to nominate more (to a maximum of 6), copy the following page, and attach the details of Additional Members 5 onwards to your order.

ADDITIONAL MEMBER 1			
Entity Type	Individual <input type="checkbox"/>	Company <input type="checkbox"/>	Joint Holders <input type="checkbox"/>
Full name of Member:			ACN: - -
Names of two directors (if a Company)			
Address			
Joint Member Name:			ACN: - -
Names of two directors (if a Company)			
Address			
Number of Shares to be allocated to Member		Class of shares	
Price paid per share	\$		
Will these shares be held in Trust for another Party?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If yes, the name of the Party the shares will be held in Trust for			

ADDITIONAL MEMBER 2							
Entity Type		Individual	<input type="checkbox"/>	Company	<input type="checkbox"/>	Joint Holders	<input type="checkbox"/>
Full name of Member:						ACN:	- -
Names of two directors (if a Company)							
Address							
Joint Member Name:						ACN:	- -
Names of two directors (if a Company)							
Address							
Number of Shares to be allocated to Member				Class of shares			
Price paid per share				\$			
Will these shares be held in Trust for another Party?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, the name of the Party the shares will be held in Trust for							

ADDITIONAL MEMBER 3							
Entity Type		Individual	<input type="checkbox"/>	Company	<input type="checkbox"/>	Joint Holders	<input type="checkbox"/>
Full name of Member:						ACN:	- -
Names of two directors (if a Company)							
Address							
Joint Member Name:						ACN:	- -
Names of two directors (if a Company)							
Address							
Number of Shares to be allocated to Member				Class of shares			
Price paid per share				\$			
Will these shares be held in Trust for another Party?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, the name of the Party the shares will be held in Trust for							

ADDITIONAL MEMBER 4							
Entity Type		Individual	<input type="checkbox"/>	Company	<input type="checkbox"/>	Joint Holders	<input type="checkbox"/>
Full name of Member:						ACN:	- -
Names of two directors (if a Company)							
Address							
Joint Member Name:						ACN:	- -
Names of two directors (if a Company)							
Address							
Number of Shares to be allocated to Member				Class of shares			
Price paid per share				\$			
Will these shares be held in Trust for another Party?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, the name of the Party the shares will be held in Trust for							

SUPERANNUATION SUPPORT SHARE CLASSES – COMPANY INCORPORATION

The Superannuation Support Company Constitution allows for any of the following types of Shares when establishing your Company. On your Full Service Order Form, please select the Share Class applicable for each Director's / Additional Member's Shareholding.

SHARE CLASS	RIGHTS ASSOCIATED WITH THE SHARE CLASS
ORD	<ul style="list-style-type: none"> • Right to Vote in Meetings of the Members • Right to receive dividends from the Company • Right to participate in the distribution of Assets on winding up of the Company
A	<ul style="list-style-type: none"> • Right to vote in Meetings of the Members • Right to receive dividends • No right to participate in the distribution of Assets on winding up of the Company
B	<ul style="list-style-type: none"> • Right to vote in Meetings of the Members • No right to received dividends from the Company • No right to participate in the distribution of Assets on winding up of the Company
C	<ul style="list-style-type: none"> • Right to vote in Meetings of the Members • No right to received dividends from the Company • Right to participate in the distribution of Assets on winding up of the Company
D	<ul style="list-style-type: none"> • No right to vote in Meetings of the Members • Right to receive dividends from the Company • Right to participate in the distribution of Assets on winding up of the Company
E	<ul style="list-style-type: none"> • No right to vote in Meetings of the Members • No right to receive dividends from the Company • Right to participate in the distribution of Assets on winding up of the Company
F	<ul style="list-style-type: none"> • No right to vote in Meetings of the Members • Right to receive dividends from the Company • No right to participate in the distribution of Assets on winding up of the Company