



Application to Establish a Private Company

Applicant Details

Contact Name:

Street Address:

Suburb: State: Postcode:

Postal address (if not same as street address).

Postal Address:

Suburb: State: Postcode:

Telephone: Fax:

Email address:

Preferred Company Name:

..... Pty Ltd

Please check if the desired company name is still available on the ASIC identical names check facility at <http://www.search.asic.gov.au/gns070.html>

State/territory of Registration:

I apply for registration of the company under the Corporations Act 2001 and nominate the State or Territory in which the company will be taken to be registered.

Give State or Territory:

The registered office address for the company will be:

Street Address:

Suburb: State: Postcode:

The principal place of business for the company will be:

Street Address:

Suburb: State: Postcode:



C & K ACCOUNTANTS PTY LTD

Suite 208, 160 Rowe Street

Eastwood NSW 2122

Tel: 02 9858 1988

Fax: 02 9804 0182

ABN: 67 111 673 940

Director/Shareholder Details:

Director 1:

Title: Full Name:Occupation.....

Residential Address:

Place of Birth: Date of Birth:

Director 2:

Title: Full Name:Occupation.....

Residential Address:

Place of Birth: Date of Birth:

Share Capital:

All Share Class Code: A; Total of Capital Amount: \$.....

Total Number of Shares to Be Taken Fully Paid:

Member 1:

Title: Full Name:Occupation.....

Residential Address:

Place of Birth: Date of Birth:

Or:

Entity Name:

ACN/ABN (if applicable):

Address:

Number of Fully Paid Shares Taken Up:

Member 2:

Title: Full Name:Occupation.....

Residential Address:

Place of Birth: Date of Birth:

Or:

Entity Name:.....

ACN/ABN (if applicable):

Address:.....

Number of Fully Paid Shares Taken Up:

If additional directors/members are required, please copy this page and complete details accordingly.



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I hereby request that C & K ACCOUNTANTS PTY LTD to set up the above named private company on my behalf and understand that the cost of establishment is payable prior to commencement of work by C & K ACCOUNTANTS PTY LTD.

Signed..... Date

Name of Applicant:

Please return completed forms to:

C & K ACCOUNTANTS PTY LTD

PO BOX 200

EASTWOOD NSW 2122