

COMPANY FORMATION INSTRUCTION FORM

Proposed Company Name								
First Choice: Pt								
Second Choice:								
Thir	Third Choice: Pr							
	Type of Company							
Is th	Is the Company intended to be:							
(1)	WA Pharmacy Board compliant?	☐ Yes	\square No					
(2)	a Superannuation Fund Trustee?	☐ Yes	□ No					
	Officeholders / Shareholders							
	Full Name:							
	Address:							
	Date of Birth:							
1	Role(s): Director		☐ Share					
		·						
	If a Shareholder, list how many shares you are being issued:shares and are those shares to be held directly or as trustee? \Box directly \Box as trustee							
	and are those shares to be held direct	lv or as trustee?	\square directly	☐ as trustee				
	and are those shares to be held direct (please also ensure, if a Dire		,					
	(please also ensure, if a Dire	ector, that you have first ob	tained your Directors ID					
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2	(please also ensure, if a Direction of State of Birth:	ector, that you have first ob	tained your Directors ID					
2	(please also ensure, if a Director	Place of Birth:	tained your Directors ID	holder				
2	Full Name: Address: Date of Birth: Role(s): If a Shareholder, list how many shares	Place of Birth: Secretary you are being issue	tained your Directors ID) ☐ Share	holdershares				
2	Full Name: Address: Date of Birth: Role(s): Director If a Shareholder, list how many shares and are those shares to be held direct	Place of Birth: Secretary you are being issue	d: directly	holder shares				
2	Full Name: Address: Date of Birth: Role(s): Director If a Shareholder, list how many shares and are those shares to be held direct	Place of Birth: Secretary you are being issue	d: directly	holdershares				
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	Full Name: Address: Date of Birth: Role(s): If a Shareholder, list how many shares and are those shares to be held direct (please also ensure, if a Director) Full Name: Address: Date of Birth:	Place of Birth: Secretary you are being issue thy or as trustee? ector, that you have first ob Place of Birth:	□ Share □ Share □ Share	holdersharesas trustee				
	Full Name: Address: Date of Birth: Role(s): If a Shareholder, list how many shares and are those shares to be held direct (please also ensure, if a Director) Full Name: Address: Date of Birth: Role(s): Director	Place of Birth: Secretary syou are being issue thy or as trustee? ector, that you have first ob Place of Birth: Secretary	□ Share □ directly □ stained your Directors ID)	holdershares as trustee holdershares				



Company Details						
Number of Shares being Issued in Total:						
Type of Shares being issue	ed: 🗆 Ordinary (ORD)	☐ Other ()			
Registered Office Address	::					
Name of Accountant for R	Registered Office:					
Principal Place of Business Address:						
Please advise of any speci	Please advise of any special requirements or instructions:					
0 ((1) 1 2022) (007				
Our fees (from 1 July 2022) for establishing a company are \$950 + GST + any disbursements, which includes a full company folder with ASIC forms, starter minutes, officeholder and shareholder registers, share certificates, directors' consents and a Constitution.						
Any changes to your requirements may incur extra costs. Please call us to discuss how we can best help you.						
Your Details						
Signed:		Date:				
Full Name:		(ACN)			
Address:						
		(othe				

Please print, complete, and return this form by email or post to: