

**COMPANY FORMATION INSTRUCTION FORM**

<b><u>Proposed Company Name</u></b>	
First Choice: .....	Pty Ltd
Second Choice: .....	Pty Ltd
Third Choice: .....	Pty Ltd

<b><u>Type of Company</u></b>	
Is the Company intended to be:	
(1) WA Pharmacy Board compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) a Superannuation Fund Trustee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b><u>Officeholders / Shareholders</u></b>	
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<b>1</b>	Full Name: ..... Address: ..... Date of Birth: ..... Place of Birth: ..... Role(s): <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Shareholder If a Shareholder, list how many shares you are being issued: ..... shares and are those shares to be held directly or as trustee? <input type="checkbox"/> directly <input type="checkbox"/> as trustee <small>(please also ensure, if a Director, that you have first obtained your Directors ID)</small>
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<b>2</b>	Full Name: ..... Address: ..... Date of Birth: ..... Place of Birth: ..... Role(s): <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Shareholder If a Shareholder, list how many shares you are being issued: ..... shares and are those shares to be held directly or as trustee? <input type="checkbox"/> directly <input type="checkbox"/> as trustee <small>(please also ensure, if a Director, that you have first obtained your Directors ID)</small>
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<b>3</b>	Full Name: ..... Address: ..... Date of Birth: ..... Place of Birth: ..... Role(s): <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Shareholder If a Shareholder, list how many shares are being issued: ..... shares and are those shares to be held directly or as trustee? <input type="checkbox"/> directly <input type="checkbox"/> as trustee <small>(please also ensure, if a Director, that you have first obtained your Directors ID)</small>
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**Company Details**

Number of Shares being Issued in Total: .....

Type of Shares being issued:     Ordinary (ORD)         Other (.....)

Registered Office Address: .....

Name of Accountant for Registered Office: .....

Principal Place of Business Address: .....

Please advise of any special requirements or instructions:

Our fees (from 1 July 2022) for establishing accompany 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: .....

Telephone: ..... (mobile) ..... (other e.g. work/home)

Email: .....

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

**Balfour Meagher Legal & Business Advisors**

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