

COMPANY FORMATION INSTRUCTION FORM

Proposed Company Name						
First Choice: Pty Ltd						
Sec	ond Choice:			Pty Ltd		
Thir	rd Choice:			Pty Ltd		
Type of Company						
Is the Company intended to be:						
(1)	WA Pharmacy Board compliant?	☐ Yes	□ No			
(2)	a Superannuation Fund Trustee?	☐ Yes	□ No			
Officeholders / Shareholders						
	Full Names					
	Full Name:					
1	Address:					
	Date of Birth:					
	Role(s): Director Secretary Shareholder					
	If a Director, please tick the box to confirm you have a Directors ID If a Shareholder, list how many shares you are being issued: shares					
	and are those shares to be held direct	city of as trusteer		□ as trustee		
	Full Name:					
	Address:					
	Date of Birth:	Place of Birth:				
2	Role(s):	\square Secretary	☐ Sh	areholder		
	If a Director, please tick the box to co	onfirm you have a Di	rectors ID			
	If a Shareholder, list how many shares you are being issued: shares					
	and are those shares to be held direct	ctly or as trustee?	\square directly	\square as trustee		
	E II No					
3	Full Name:					
		•		arenoider		
	If a Director, please tick the box to confirm you have a Directors ID If a Shareholder, list how many shares you are being issued: shares					
3	Address: Date of Birth: Role(s): Director If a Director, please tick the box to co	Place of Birth: ☐ Secretary onfirm you have a Dies you are being issue	☐ Sh rectors ID ed:	areholder shares		



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 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:						
Address:						
Telephone: (mobile)						
Emaile						

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