K E E L I N S
LAWYERS

## Instructions for a new

# PRIVATE COMPANY REGISTRATION

**To: Keelins Lawyers**
**4/459 Little Collins St, Melbourne VIC 3000**
**Facsimile (03) 9252 0699**

Please arrange for the registration of the following company:

**COMPANY NAME 1st PREF:**
**COMPANY NAME 2nd PREF:**
Is the company name identical to a current registered business name held by the directors? Yes: ☐
Business name registration number: No: ☐
Registered Office Address:

Occupier of Registered Office:
Business Address:

**OFFICEHOLDER/SHAREHOLDER DETAILS:**
(for shareholders that are companies please provide ACN and registered office address)

1. Full Name:
Address:
Date of Birth: ___ / ___ / _____ Town and State/Country of Birth:
(tick) Director: ☐ Secretary: ☐ Public Officer: ☐ No. of Shares: [ ]

Will Shares be beneficially owned? Yes / No If not, as trustee for: .....

2. Full Name:
Address:
Date of Birth: ___ / ___ / _____ Town and State/Country of Birth:
(tick) Director: ☐ Secretary: ☐ Public Officer: ☐ No. of Shares: [ ]

3. Full Name:
Address:
Date of Birth: ___ / ___ / _____ Town and State/Country of Birth:
(tick) Director: ☐ Secretary: ☐ Public Officer: ☐ No. of Shares: [ ]

4. Full Name:
Address:
Date of Birth: ___ / ___ / _____ Town and State/Country of Birth:
(tick) Director: ☐ Secretary: ☐ Public Officer: ☐ No. of Shares: [ ]

(add details of additional officeholders/shareholders on a separate page)

**CREDIT CARD DETAILS MUST BE INCLUDED FOR ALL COMPANY INCORPORATIONS**

**DOCUMENTS TO BE SENT TO:**
Name:
Firm:
Address:
Telephone: Facsimile:
Email:

**PLEASE CHARGE THE FOLLOWING CREDIT CARD:**
Card type: Visa: ☐ Mastercard: ☐ Bankcard: ☐ Amex: ☐ CCV: ☐☐☐☐
Card number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry date: ___ / ____
Name on card: Card holder signature: