

ACN 008 613 929

SYMBOLIC SYSTEMS PTY LTD

ABN 44 008 613 929

TELEPHONE: (02) 62880466

Email: admin@symbolic.com.au

FAX: (02) 62880223

GPO BOX 2472, CANBERRA CITY ACT 2601

Head Office: 3 Chevalier St Weston ACT 2611

COMPANY ORDER FORM

YOUR FIRM'S NAME _____

CONTACT NAME _____

PHONE() _____

EMAIL ADDRESS: _____

FAX() _____

MAIL ADDRESS _____

DELIVERY ADDRESS _____

DATE/TIME REQUIRED _____

Please read and sign below: You are hereby appointed to act as our agent to procure a company and ancillary documentation, the particulars for such being set out hereunder. I, the undersigned, confirm that I hold the written consents and agreements of each proposed director and secretary and that each member has agreed in writing to the terms of the Constitution to be adopted by the Company. In consideration for your acting as our agent, attending to compilation of a company register and delivery, we shall pay such amount as agreed.

→ **Ordered By (Name):** _____

Signed: _____

COMPANY: _____

Pty Ltd

Super Trustee Only

STATE OF INCORP. _____

NAME REQUIRED _____

OTHER NAME CHOICE _____

Does client hold a registered business name IDENTICAL to the name required for incorporation? _____

REGISTERED OFFICE: _____

C/-

IF CONSENT IS REQUIRED, DETAILS OF OCCUPIER'S NAME: _____

PLACE OF BUSINESS: _____

OFFICERS & SHAREHOLDERS:

If necessary, advise on separate page details of beneficial ownership of share(s) or ultimate holding company.

GIVEN NAMES: _____

SURNAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DIRECTOR (Y/N)? _____

SECRETARY (Y/N)? _____

PUBLIC OFFICER (Y/N)? _____

SHARES (IF ANY) : NO. OF SHARES: _____

CLASS (if other than Ordinary): _____

Beneficially Held? (Y/N) _____

→ **Note:** Beneficially Held – Answering “Yes” means the shares are for shareholder listed. Answering “No” means the shares are held in trust.

GIVEN NAMES: _____

SURNAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DIRECTOR (Y/N)? _____

SECRETARY (Y/N)? _____

PUBLIC OFFICER (Y/N)? _____

SHARES (IF ANY) : NO. OF SHARES: _____

CLASS (if other than Ordinary): _____

Beneficially Held? (Y/N) _____

GIVEN NAMES: _____

SURNAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DIRECTOR (Y/N)? _____

SECRETARY (Y/N)? _____

PUBLIC OFFICER (Y/N)? _____

SHARES (IF ANY) : NO. OF SHARES: _____

CLASS (if other than Ordinary): _____

Beneficially Held? (Y/N) _____

SPECIAL INSTRUCTIONS: _____

No. of pages