



Level 6, 44 Waymouth Street
Adelaide SA 5000
Australia

TELEPHONE: (08) 8415 5000
FACSIMILE: (08) 8415 5099
EMAIL: lawyers@delta.com.au
WEBSITE: www.adelta.com.au
ABN: 22 453 711 755

PROPRIETARY COMPANY INCORPORATION INSTRUCTION SHEET

NAME AND ADDRESS OF CLIENT			
Telephone			
Fax			
Email			
Referred by			
COMPANY NAME			
Alternative Name (if above name not available)			
State/Territory in which company to be taken to be registered			
Reservation Number (if name already reserved)		Preferred Date of Incorporation	
Identical to Registered Business Name? Yes/No		Registered Business Name Number (if any)	
Registered Office	Name of Occupier if not the company		
	Level, no. and street, suburb & postcode		
Principal Place Of Business (if not same as registered office)	Level, no. and street, suburb & postcode		
Nature of Business			
Is the company to have an ultimate holding company on registration?	If yes, state company name and ACN/ABN/ARBN:		
Constitution required?	Yes/No	Common seal required?	Yes/No

DIRECTOR 1 Company Secretary? Yes/No	Full Name	
	Former name (if any)	
	Residential Address (not PO Box)	
	Date and Place of Birth	
	Occupation	
DIRECTOR 2 Company Secretary? Yes/No	Full Name	
	Former Name (if any)	
	Residential Address (not PO Box)	
	Date and Place of Birth	
	Occupation	
DIRECTOR 3 Company Secretary? Yes/No (Add a separate sheet if more than 3 directors)	Full Name	
	Former Name (if any)	
	Residential Address (not PO Box)	
	Date and Place of Birth	
	Occupation	
SHAREHOLDER 1	Full Name or company name and ACN	
	Address	
	No of Shares	
	Amount agreed to be paid per share	
	Total amount to be paid for these shares	
	Class of Shares	
SHAREHOLDER 2	Full Name or company name and ACN	
	Address	
	No of Shares	
	Amount agreed to be paid per share	
	Total amount to be paid for these shares	
	Class of Shares	

SHAREHOLDER 3		
	Full Name or company name and ACN	
	Address	
	No of Shares	
	Amount agreed to be paid per share	
	Total amount to be paid for these shares	
	Class of Shares	
SHAREHOLDER 4 (Add a separate sheet if more than 4 shareholders)		
	Full Name or company name and ACN	
	Address	
	No of Shares	
	Amount agreed to be paid per share	
	Total amount to be paid for these shares	
	Class of Shares	
SPECIAL INSTRUCTIONS		

I confirm that the persons named as director(s), company secretary and shareholder(s) have consented in writing to become a director, company secretary or shareholder (as the case may be) of the company upon registration (consent forms attached).

I confirm that the persons named as occupier of the company's registered office has consented in writing to its use as the registered office of the company.

Signed:

Date:

FAX TO*:
OR POST TO*:

(08) 8415 5099
Delta Legal, GPO Box 2371 Adelaide 5001