



COMPANY NAME CHANGE ORDER FORM

FREECALL 1800 773 477

NAME:
FIRM:
PHONE:
E-MAIL:

Current Company Name _____
ACN _____
Proposed New Name _____

Is this name a Registered Business Name owned by the member/s? Yes No If Yes, State/s or Territory/s registered? _____

COMPANY OFFICER (who will act as signatory on ASIC forms)

Family Name _____ Given Name/s _____
Position/s Held DIRECTOR SECRETARY

NAMES OF ALL VOTING MEMBERS

Member's Full Name _____
(include ACN if Company)
Member's Full Name _____
(include ACN if Company)
Member's Full Name _____
(include ACN if Company)
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(include ACN if Company)
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(include ACN if Company)
Member's Full Name _____
(include ACN if Company)

SPECIAL RESOLUTION DETAILS

THE MEMBER/S' SPECIAL RESOLUTION TO CHANGE THE COMPANY NAME WILL BE PASSED VIA A CIRCULAR RESOLUTION PURSUANT TO THE CORPORATIONS ACT (whereby the voting members of the company will sign a document containing a statement that they are in favour of the necessary resolution).

OR please select one of the following:

CONVENE AN EXTRAORDINARY GENERAL MEETING OF THE COMPANY WHERE EITHER (please tick):

- 1. MEMBERS ARE GIVEN WRITTEN NOTICE: Due notice (at least 21 days) is given and the Special Resolution is passed at the ensuing meeting; OR
- 2. NOTICE OF MEETING IS WAIVED: Notice of the meeting is waived pursuant to the Corporations Act, as members present to pass the Special Resolution represent at least 95% of the total exercisable voting rights.

If 1 or 2 above applies, please provide:-

Date of Notice _____ Date and Time of Meeting _____
(if applicable)
Street Address for meeting _____

PAYMENT DETAILS: Please debit the following card details by the amount of \$ 450.00 (inc GST)

TYPE OF CARD: Visa Mastercard *Diners Club *Amex * 3% surcharge applies.

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____

Please return this Form on FREEFAX 1800 655 556 or call with any queries.