



# SHAREHOLDERS AGREEMENT ORDER FORM

NAME: .....

FIRM: .....

PHONE: .....

E-MAIL: .....

**FREECALL 1800 773 477**

## AGREEMENT DETAILS

Name of Company \_\_\_\_\_

ACN \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Registered Office Address \_\_\_\_\_

Nature of Business \_\_\_\_\_

Managing Director \_\_\_\_\_

Specify area and period for the restraint of outgoing partners not to compete with the business of the partnership (up to 3 alternatives which will be used in combinations)

Area of Restraint 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Period of Restraint 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*NOTE: Multiple areas and periods of restraint will be cumulative if specified i.e. Each combination of area and period will be considered when determining if a particular restraint is reasonable and therefore enforceable.*

**Please submit a copy of the original fund deed (and any documents that have amended it) together with this order form**

## SHAREHOLDERS

**#1** Shareholder Name \_\_\_\_\_  
*(include ACN if Company)*  
Trust Name \_\_\_\_\_  
*(if applicable)*  
Street Address \_\_\_\_\_

Names of ALL Directors \_\_\_\_\_  
*(1<sup>st</sup> listed to be Chairman)*  
*(1<sup>st</sup> 2 listed to be signatories)*

Number of Shares Held \_\_\_\_\_ Class of Shares Held \_\_\_\_\_

Director/s to be Appointed \_\_\_\_\_  
*Include the full name/s of any director/s to be appointed to the Company by this shareholder subject to this Agreement.*

Guarantor \_\_\_\_\_  
*(if applicable)*

**#2** Shareholder Name \_\_\_\_\_  
*(include ACN if Company)*  
Trust Name \_\_\_\_\_  
*(if applicable)*  
Street Address \_\_\_\_\_

Names of ALL Directors \_\_\_\_\_  
*(1<sup>st</sup> listed to be Chairman)*  
*(1<sup>st</sup> 2 listed to be signatories)*

Number of Shares Held \_\_\_\_\_ Class of Shares Held \_\_\_\_\_

Director/s to be Appointed \_\_\_\_\_  
*Include the full name/s of any director/s to be appointed to the Company by this shareholder subject to this Agreement.*

Guarantor \_\_\_\_\_  
*(if applicable)*

**Please submit a copy of the Company's constitution with this order form**

## SHAREHOLDERS (cont'd)

**#3** Shareholder Name \_\_\_\_\_  
(include ACN if Company)  
Trust Name \_\_\_\_\_  
(if applicable)  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Names of ALL Directors \_\_\_\_\_  
(1<sup>st</sup> listed to be Chairman)  
(1<sup>st</sup> 2 listed to be signatories)  
Number of Shares Held \_\_\_\_\_ Class of Shares Held \_\_\_\_\_  
Director/s to be Appointed \_\_\_\_\_  
*Include the full name/s of any director/s to be appointed to the Company by this shareholder subject to this Agreement.*  
Guarantor \_\_\_\_\_  
(if applicable)

**#4** Shareholder Name \_\_\_\_\_  
(include ACN if Company)  
Trust Name \_\_\_\_\_  
(if applicable)  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Names of ALL Directors \_\_\_\_\_  
(1<sup>st</sup> listed to be Chairman)  
(1<sup>st</sup> 2 listed to be signatories)  
Number of Shares Held \_\_\_\_\_ Class of Shares Held \_\_\_\_\_  
Director/s to be Appointed \_\_\_\_\_  
*Include the full name/s of any director/s to be appointed to the Company by this shareholder subject to this Agreement.*  
Guarantor \_\_\_\_\_  
(if applicable)

**#5** Shareholder Name \_\_\_\_\_  
(include ACN if Company)  
Trust Name \_\_\_\_\_  
(if applicable)  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Names of ALL Directors \_\_\_\_\_  
(1<sup>st</sup> listed to be Chairman)  
(1<sup>st</sup> 2 listed to be signatories)  
Number of Shares Held \_\_\_\_\_ Class of Shares Held \_\_\_\_\_  
Director/s to be Appointed \_\_\_\_\_  
*Include the full name/s of any director/s to be appointed to the Company by this shareholder subject to this Agreement.*  
Guarantor \_\_\_\_\_  
(if applicable)

**PAYMENT DETAILS:** Please debit the following card details by the amount of **\$ 330.00** (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 and any documents requested above to:  
**FREEFAX 1800 655 556 or Locked Bag 1, Fortitude Valley BC Qld 4006**