



FREECALL 1800 773 477

SHAREHOLDERS AGREEMENT ORDER FORM

NAME:

FIRM:

PHONE:

E-MAIL:

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.

SHAREHOLDERS

#1 Shareholder Name _____
(include ACN if Company)
 Trust Name _____
(if applicable)
 Street Address _____

Names of ALL Directors _____
(1st listed to be Chairman)
(1st 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 _____
(1st listed to be Chairman)
(1st 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 _____
(1st listed to be Chairman)
(1st 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 _____
(1st listed to be Chairman)
(1st 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 _____
(1st listed to be Chairman)
(1st 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