



## COMPANY ORDER FORM

**PROPOSED NAME OF COMPANY:** \_\_\_\_\_

**ALTERNATIVE COMPANY NAME:** \_\_\_\_\_

BUSINESS NAME REGISTERED/TO BE REGISTERED: YES/ NO

IF YES PLEASE INDICATE DESIRED DATE OF TRANSFER \_\_\_\_\_

**DELIVERY OPTION:**

Courier       Client Pick-Up

**REGISTERED OFFICE:**

FULL ADDRESS \_\_\_\_\_

WILL COMPANY OCCUPY REGISTERED OFFICE: YES / NO

IF NO, WHO IS OCUPYING REGISTERED OFFICE: \_\_\_\_\_

**PRINCIPAL PLACE OF BUSINESS:**

FULL ADDRESS \_\_\_\_\_

**DETAILS OF COMPANY OFFICERS & SHAREHOLDERS:**

SURNAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH      /      /      PLACE OF BIRTH \_\_\_\_\_

NO. OF SHARES \_\_\_\_\_

ARE SHARES BENEFICIALLY OWNED? YES/ NO      If not beneficially owned, as trustee for: \_\_\_\_\_

Office held:       Director       Secretary       Public Officer       Shareholder

SURNAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH      /      /      PLACE OF BIRTH \_\_\_\_\_

NO. OF SHARES \_\_\_\_\_

ARE SHARES BENEFICIALLY OWNED? YES/ NO      If not beneficially owned, as trustee for: \_\_\_\_\_

Office held:       Director       Secretary       Public Officer       Shareholder



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SURNAME _____	GIVEN NAMES _____
ADDRESS _____	
DATE OF BIRTH    /    /    _____	PLACE OF BIRTH _____
NO. OF SHARES _____	
ARE SHARES BENEFICIALLY OWNED? YES/ NO    If not beneficially owned, as trustee for: _____	
Office held: <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Public Officer <input type="checkbox"/> Shareholder	

SURNAME _____	GIVEN NAMES _____
ADDRESS _____	
DATE OF BIRTH    /    /    _____	PLACE OF BIRTH _____
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