



APPLICATION FOR ESTABLISHMENT OF A PRIVATE COMPANY

Applicant Details

What is the preferred company name?:

Pty Ltd

Please note that an identical names check applies to companies. You can check if your desired company name is available on the ASIC identical names check facility at www.search.asic.gov.au/gns070.html

Contact Name:

Postal Address:

Suburb:

State:

Postcode:

Street Address:

Suburb:

State:

Postcode:

Telephone:

Fax:

Email Address:

Would you like Clarity Professional Group to act as the registered office for the company? YES NO

If no, please advise the registered office address for the company:

Street Address:

Suburb:

State:

Postcode:

The principal place of business for the company will be:

Street Address:

Suburb:

State:

Postcode:

Primary Business Activity of the Company:

Director/Shareholder Details:**Director 1:**

Title:	Full Name:
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Occupation:

Residential Address:

Suburb:	State:	Postcode:
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Place of Birth:	Date of Birth:
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Director 2:

Title:	Full Name:
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Occupation:

Residential Address:

Suburb:	State:	Postcode:
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Place of Birth:	Date of Birth:
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Shareholder 1:

Title:	Full Name:
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Occupation:

Residential Address:

Suburb:	State:	Postcode:
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Place of Birth:	Date of Birth:
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- OR -

Entity Name:

ACN (if applicable):

Address:

Suburb:	State:	Postcode:
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Shareholder 2:

Title: _____ Full Name: _____

Occupation: _____

Residential Address: _____

Suburb: _____

State: _____

Postcode: _____

Place of Birth: _____

Date of Birth: _____

- OR -

Entity Name: _____

ACN (if applicable): _____

Address: _____

Suburb: _____

State: _____

Postcode: _____

If additional shareholders/directors are required, please copy this page and complete details as required.

Client Signature

Date

Name of Applicant: _____

Please return completed forms to:
