Company incorporation service form



Complete this form and return to <u>documentservices@heffron.com.au</u> or mail to PO Box 200 Maitland NSW 2320.

Our service includes:

Delivery: Electronic delivery or hard copy delivery

Document inclusions:

- consent to act as director/secretary notice for each director/secretary and resolution to appoint each director/secretary,
- company constitution, and
- share application(s), share certificate(s) and shareholder register(s).

Signing, dating and witnessing requirements individually marked to minimise risk of error (for documents delivered via hard copy only)

Registration of the company with ASIC

SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact person		Со	mpany r	name				
Postal address								
Suburb			State			Postco	ode	
Phone		Email						
Mobile phone		CC Email						
Please select ho	w you would like to rece	ive the docເ	uments		E	Email	<u>OR</u>	Post
Please select who should receive the documents			Ac	countant/Ad	lviser	<u>OR</u>	Trustee 1	

SECTION B: FUND DETAILS (For record keeping purposes, please enter the Fund to which the company is "linked")

ABN

SECTION C: NEW COMPANY DETAILS

Heffron to incorporate	Special purpose trustee company Private Pty Ltd (Can only be used as an SMSF trustee) (Can be used as corporate custodia)					• •	
Preferred company name							
Alternate company name							
Would you like Heffron to b (Option only available for Heffron	0	IC agent and registered office? lients – Additional fees apply.)			Yes	No	
Registered office address (if not Heffron)							
Suburb	State				Postcode		
ASIC requires full physical address details and will not accept a PO Box, property name or Mail Service number. If rural property, please provide the name of the access road to the property							
Occupier of above address (if not the company or Heffron)							
Principal place of business address As above							As above
Suburb				State		Postcode	

 $Heffron\ Consulting\ Pty\ Ltd\ \ \text{ABN}\ 88\ 084\ 734\ 261\ \ \text{AFSL}\ 241\ 739$



SECTION D: OFFICEHOLDER & SHAREHOLDER DETAILS

INDIVIDUAL 1	Director	Secretary	Public officer			Shareholder	
Full legal name					Title		
(First / Middle / Last)							
Date of birth	[Director identification number					
Residential address							
Suburb			State		Postcode		
Place of Birth				Number of ordinary			
(Country, State, Suburb)	Director	Secretary		shares to be issued: Public officer Sharehol			
	Director	Secretary		Public officer		Shareholder	
Full legal name (First / Middle / Last)					Title		
Date of birth	[Director identification n	umber				
Residential address			·				
Suburb			State		Postcode		
Place of Birth			·	Number of		•	
(Country, State, Suburb)				shares to b	e issued:		
INDIVIDUAL 3	Director	Secretary		Public officer		Shareholder	
Full legal name (First / Middle / Last)					Title		
Date of birth	[Director identification n	number				
Residential address	I						
Suburb			State		Postcode		
Place of Birth				Number of			
(Country, State, Suburb)				shares to b	e issued:		
INDIVIDUAL 4	Director	Secretary		Public officer		Shareholder	
Full legal name (First / Middle / Last)					Title		
Date of birth	[Director identification n	umber				
Residential address	I		I				
Suburb			State		Postcode		
Place of Birth (Country, State, Suburb)				Number of shares to b	-		

Note if there are more than 4 individuals, please copy the page above for the additional individuals.



Date

SECTION E: DECLARATIONS

The director(s), secretary(ies) and shareholder(s) of the company hereby:

- declare that the information provided on this form is true and correct and agree to pay for the services requested on this form and, in the event that any information on this form is incorrect and Heffron are requested to amend the documentation, agree to pay any amendment fees charged,
- instruct & authorise Heffron to provide any relevant information to 3rd parties in relation to the establishment of this company, and appoint such 3rd party as an agent to sign and lodge the application for registration of the company,
- declare that the director(s), secretary(ies) and shareholder(s) on this form have consented in writing to their appointment (as required by the Corporations Act),
- instruct Heffron to provide any other requested services to the director(s), secretary(ies) and shareholder(s) of the company using the information provided on this form, and acknowledge and understand that neither the contents of this form, nor the documentation prepared or other services provided constitute 'Financial Product Advice' as defined in the Corporations Act 2001 and should not be regarded as such, and
- acknowledge and understand that unless a Statement of Advice from Heffron has been obtained, Heffron has not reviewed the personal circumstances of any individual to determine whether or not establishing a company is appropriate. The services provided by Heffron are limited to those requested on this form as instructed by the director(s), secretary(ies) and shareholder(s) of the company.

Signature of person authorised to make the above statements on behalf of the director(s), secretary(ies) and shareholder(s) of the company

SECTION F: PRIVACY STATEMENT

Heffron SMSF Solutions is committed to protecting the privacy and rights of its customers. Our <u>Privacy Policy</u> contains important information about how we collect, hold, use and disclose personal information. If you have questions or wish to make a complaint, please contact our Privacy Officer at Heffron SMSF Solutions, PO Box 200, MAITLAND NSW 2320, or via email at <u>privacy.officer@heffron.com.au</u>.

Print name

PAYMENT INFORMATION

Amount: \$			
EFT Transfer	BSB: 082 691 Account: 561309446 Please attach transaction receipt of payment to service form as confirmation of payment		
Credit Card	Document services payments Please attach transaction receipt of payment to service form as confirmation of payment		
Direct Debit Authority in place			