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**COMPANY ESTABLISHMENT FORM**

Preferred Company Name: \_\_\_\_\_

2<sup>nd</sup> Choice Company Name: \_\_\_\_\_

3<sup>rd</sup> Choice Company Name: \_\_\_\_\_

Please note that you can check whether your company name is available on the ASIC website. To check this, please go to [www.asic.gov.au](http://www.asic.gov.au), on the right hand side of the web page under "Search ASIC registers" type in the company name and select "go". If the company name appears, it is unavailable.

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

Will the company occupy this office: Y / N

Principal Place of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Directors**

<input type="checkbox"/> DIRECTOR <input type="checkbox"/> SECRETARY <input type="checkbox"/> PUBLIC OFFICER	<input type="checkbox"/> DIRECTOR <input type="checkbox"/> SECRETARY <input type="checkbox"/> PUBLIC OFFICER
FULL NAME: .....	FULL NAME: .....
TITLE: .....	TITLE: .....
ADDRESS: .....	ADDRESS: .....
DATE OF BIRTH.....	DATE OF BIRTH.....
PLACE OF BIRTH.....	PLACE OF BIRTH.....
TAX FILE NUMBER.....	TAX FILE NUMBER.....
IS THIS PERSON A SHAREHOLDER? NO OF SHARES: AMOUNT PAID PER SHARE:	IS THIS PERSON A SHAREHOLDER? NO OF SHARES: AMOUNT PAID PER SHARE:

<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> SECRETARY <input type="checkbox"/> PUBLIC OFFICER	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> SECRETARY <input type="checkbox"/> PUBLIC OFFICER
FULL NAME: .....		FULL NAME: .....	
TITLE: .....		TITLE: .....	
ADDRESS: .....		ADDRESS: .....	
DATE OF BIRTH.....		DATE OF BIRTH.....	
PLACE OF BIRTH.....		PLACE OF BIRTH.....	
TAX FILE NUMBER.....		TAX FILE NUMBER.....	
IS THIS PERSON A SHAREHOLDER? NO OF SHARES: AMOUNT PAID PER SHARE:		IS THIS PERSON A SHAREHOLDER? NO OF SHARES: AMOUNT PAID PER SHARE:	

I, \_\_\_\_\_ of \_\_\_\_\_ confirm that the parties listed above have consented to act as officers of the proposed company.

Signed:

Dated:

**ATO REGISTRATION REQUIREMENTS**

We confirm that we require the following registrations for this company.

GST: Y / N

PAYG Withheld: Y / N

Approximate Annual Turnover: \$

Annual Wages: \$

## DIRECTOR CONSENT

I/We authorise Source Accounting Australia to attend to the establishment of the entity listed above and further request that Source Accounting Australia attends to the registration of the entities with the Australian Securities and Investments Commission and the Australian Taxation Office as required.

\_\_\_\_\_  
Director

\_\_\_\_\_  
Director

Date:

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**PAYMENT DETAILS**

Fees: A tax invoice will be issued when the entity is created.

Please debit the following credit card with the amount of \$

Type of card:  Visa  Mastercard

Card Number: Expiry Date:

Name on Card: CCV:

Signature: Date:

*This completed form should be signed and returned to our office via fax on 07 3394 4611 or email on [youlla@sourceaccounting.com.au](mailto:youlla@sourceaccounting.com.au). Please contact us on 07 3394 4622 should you require any assistance completing this form.*

**DISCLAIMER: SOURCE ACCOUNTING AUSTRALIA DISCLAIMS ANY RESPONSIBILITY FOR THE ACCURACY OF THE ITEMS COMPLETED ON THIS FORM. AS SUCH, PLEASE ENSURE THAT ALL INFORMATION SUPPLIED IS ACCURATE AS WE WILL ATTEND TO THE ESTABLISHMENT OF YOUR COMPANY USING THE EXACT DETAILS PROVIDED ABOVE. IF ANY CHANGES ARE REQUIRED AFTER YOUR COMPANY HAS BEEN ESTABLISHED DUE TO THE INACCURATE COMPLETION OF THIS FORM, THIS WILL INCUR AN ADDITIONAL CHARGE.**