

APPLICATION FORM

Company Limited By Guarantee

Please read the following before completing this application form.

Companies limited by guarantee are useful for not-for-profit organisations who wish to have the benefits of incorporation and operate across more than one state or territory.

By completing and submitting the Application you confirm as follows:

1. if applicable, the occupier of the registered office consents to being named as the company's registered office by completing and signing the attached consent form;
2. the named directors have consented to being named as a directors of the company by completing and signing the attached consent form (must have at least 3 directors);
3. the named secretary has consented to being named as a secretary of the company by completing and signing the attached consent form (must have at least 1 company secretary);
4. the named public officer has consented to being named as public officer of the company by completing and signing the attached consent form;
5. you understand if the company is wound up and has insufficient assets to meet its liabilities, member(s) will be statutorily liable to pay an amount specified in, or ascertainable in accordance with, the constitution;
6. you understand the company, once formed, may not provide any benefit or payment to you, or any other member; and
7. the proposed company name (and any proposed trading name) does not breach the intellectual property rights of any other person.

Please note that the law gives extensive protection to intellectual property rights and the fact that a company name is available for registration does not mean that it will not breach some other person's intellectual property rights.

If you have any questions about completing the application form please contact:

Christopher Davis

Principal

Phone: (07) 3014 6530

Email: cdavis@mcw.com.au

Anthea Faherty

Special Counsel

Phone: (07) 3231 0645

Email: afaherty@mcw.com.au

By completing and submitting the form you confirm as follows:

- a. It is the purchaser's responsibility to ensure that the information supplied is correct.
- b. If new documents have to be prepared as a result of errors in the information a further fee will be payable.

Please ensure you complete all details below, and contact us with any questions you have prior to submitting the form.

PRICE

Registration of company limited by guarantee
By electronic delivery only

\$1,100 including GST
plus ASIC fee
express post - \$15

courier - TBA

PURCHASER'S DETAILS

First name

Surname

Name of firm (if applicable)

Telephone Fax

Email address

Street address

Suburb/City State Postcode

Postal Address
(if different from above)

Suburb/City State Postcode

WHAT STATE / TERRITORY IS THE COMPANY TO BE REGISTERED IN?

QLD NSW ACT VIC TAS SA WA NT

COMPANY NAME

First choice

Second choice

ADDITIONAL ORDER REQUIREMENT

Do you require an Australian Business Number (**ABN**) for the new company? Yes No

Do you require a Tax File Number (**TFN**) for the new company? Yes No

IS THE NAME A REGISTERED BUSINESS NAME?

Yes No

If yes please specify

- a. Registered Business Number
- b. Name and address of registered owner(s) of the registered business name

Do you wish to be advised of identical or similar names? Yes No

BUSINESS NAME/INTELLECTUAL PROPERTY

Please note that even if the proposed company name is available, its use may still breach the intellectual property rights of some other person including trademarks etc. If you require our assistance in determining whether the use of such name infringes on any other person's intellectual property rights please indicate below. If you indicate "No" or leave this question blank you warrant to us that you do not require assistance in this regard and we give no warranty or advice in relation to the use of the proposed company name

Do you want us (through recommended patent and trademark attorneys) to undertake a report on whether the company name will infringe another person's intellectual rights?	Yes	No
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IDENTIFY ULTIMATE HOLDING COMPANY

Will the company have an Ultimate Holding Company upon registration?	Yes	No
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If yes please provide the following details of the Ultimate Holding Company:

Name:

ACN / ABN / ARBN

Country of Registration (if not Australia)

SPECIAL INSTRUCTIONS FOR THE CONSTITUTION

Do you require a constitution to be prepared for your company? If no, please provide your constitution	Yes	No
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Are the directors to be on rotation?	Yes	No
If yes, how often should the directors be rotated?	Every year Every 3 years	Every 2 years Other:
How many directors should be rotated?	All directors One third	One half At least:
What will be a quorum for a general meeting?	All directors One third	One half At least:

Or

Whichever is the smaller between
(please insert number) directors
(please insert proportion) of directors

Or

Other - please detail:

Do you require deductible gift receipt endorsement?	Yes	No
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If yes, please indicate the most appropriate category (choose one):

- | | |
|--------------------------------|-------------------------------|
| Cultural organisation | Public ancillary fund |
| Environmental organisation | Public benevolent institution |
| Health promotion charity | Scholarship fund |
| Necessitous circumstances fund | |

Is the chairman to have a casting vote at general meetings? Yes No

Is the chairman to have a casting vote at board meetings? Yes No

CHARITABLE PURPOSE

Will the company’s activities be charitable in nature? Yes No

If yes please provide the following information about these activities:

What is (are) the intended charitable purpose(s)?

What is the proposed foreseeable geographical area of operation of the company?

Who does the company plan to benefit?

REGISTERED OFFICE AND PRINCIPAL PLACE OF BUSINESS

McInnes Wilson Lawyers is willing to provide the services of a company secretary for an annual fee

Registered Office address

Suburb/City State Postcode

Is the Registered Office occupied by the company? Yes No

If no, what is the Occupier’s name (e.g. accountant, lawyer etc)

Has the Occupier consented to the premises being used as the Registered Office? Yes No

If yes, please complete the attached consent form

Principal Place of Business

Suburb/City State Postcode

DIRECTORS (only natural persons may be a director; at least 1 director must ordinarily reside in Australia)

Director 1 – please complete attached consent form

Full name

Former names (if any)

Residential Address ASIC will not accept a “c/-”, “care of” or business address

Street

Suburb/City State Postcode

Date of Birth

Place of Birth City State

Director 2 – please complete attached consent form

Full name

Former names (if any)

Residential Address ASIC will not accept a "c/-", "care of" or business address

Street

Suburb/City State Postcode

Date of Birth

Place of Birth City State

Director 3 – please complete attached consent form

Full name

Former names (if any)

Residential Address ASIC will not accept a "c/-", "care of" or business address

Street

Suburb/City State Postcode

Date of Birth

Place of Birth City State

Director 4 – please complete attached consent form

Full name

Former names (if any)

Residential Address ASIC will not accept a "c/-", "care of" or business address

Street

Suburb/City State Postcode

Date of Birth

Place of Birth City State

SECRETARY

(McInnes Wilson Lawyers is willing to provide the services of a company secretary for an annual fee)

Full name

Former names (if any)

Residential Address ASIC will not accept a "c/-", "care of" or business address

Street

Suburb/City State Postcode

Date of Birth

Place of Birth City State

PUBLIC OFFICER

Full name

Former names (if any)

Residential Address **ASIC will not accept a "c/-", "care of" or business address**

Street

Suburb/City

State

Postcode

Date of Birth

Place of Birth

City

State

MEMBERS

Member 1

Full name / Entity name and ACN

Address

Suburb/City

State

Postcode

Guarantee amount \$

Member 2 (if any)

Full name / Entity name and ACN

Address

Suburb/City

State

Postcode

Guarantee amount \$

Member 3 (if any)

Full name / Entity name and ACN

Address

Suburb/City

State

Postcode

Guarantee amount \$

Member 4 (if any)

Full name / Entity name and ACN

Address

Suburb/City

State

Postcode

Guarantee amount \$

Member 5 (if any)

Full name / Entity name and ACN

Address

Suburb/City

State

Postcode

Guarantee amount \$

RETURNING THIS FORM

After completing this form please check the confirmation box below and either:

- print, sign, and fax it to McInnes Wilson Lawyers at (07) 3221 2921; or
- print, sign, scan, and email it to McInnes Wilson Lawyers at mcwonline@mcw.com.au; or

To print this form for signing click here:

To email this form to McInnes Wilson Lawyers, after confirming instructions below, click here:

CONFIRMATION OF INSTRUCTIONS

By signing or checking the box below the purchaser:

1. agrees to purchase the goods and services indicated on this application form;
2. acknowledges that legal or financial advice has not been given by McInnes Wilson Lawyers in relation to the preparation of the relevant document(s) and registration of the company; and
3. that the provision of goods and services by McInnes Wilson Lawyers is subject to the terms and conditions set out at www.mcwonline.com.au

The purchaser acknowledges that McInnes Wilson Lawyers will incur Australian Securities and Investment Commission registration fees and will lodge a Form 201 on behalf of the purchaser and warrants that all necessary consents by the officers of the company have been obtained as required under the **Corporations Act 2001** (Cth).

Signed by purchaser

Date (dd/mm/yy)

OR

Confirmed by purchaser

Date (dd/mm/yy)

Note: This application form will not be processed by McInnes Wilson Lawyers unless this section is completed.

CREDIT CARD PAYMENTS

Please debit the following credit card for the supply of goods and services indicated on this application form.

Note: Payment by credit card will incur a fee of 1.07% (incl GST) for VISA and MasterCard, and 3% (incl GST) for AMEX, on the GST inclusive price.

Credit card:

Visa Mastercard American Express

Total Remitted \$

Expiry date:

 plus credit card fee specified above

Cardholder's Name

Card Number

Cardholder's Signature

Date

Occupier's consent

SECTION 100 OF THE CORPORATIONS ACT 2001 (CTH)

To: The Director(s)

I, authorised representative of
occupier of the premises located at:

Ltd
, being the

consent to the use of this address as the registered office of

Pty Ltd

Date

Signature

Name (BLOCK LETTERS)

Consent to act as Director

SECTIONS 201D AND 205B OF THE CORPORATIONS ACT 2001 (CTH)

To _____ Ltd

1. I consent to act as a director of the company.
2. In accordance with section 205B of the **Corporations Act 2001** (Cth) I give notice of the following personal details:

First Name

Surname

Former Given and Family Names (if any)

Residential Address
(not a c/- or PO Box)

Date of Birth

Place of Birth (city & State)

Date

Signature

Name (BLOCK LETTERS)

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Place of Birth (city & State)

Date

Signature

Name (BLOCK LETTERS)

Consent to act as Company Secretary

To _____ Ltd

I consent to act as company secretary of the Company, subject to the provisions of the **Corporations Act 2001** (Cth) and the Constitution.

First Name

Surname

Former Given and Family Names (if any)

Residential Address
(not a c/- or PO Box)

Date of Birth

Place of Birth (city & State)

Date

Signature

Name (BLOCK LETTERS)

Consent to act as Public Officer

To: Ltd

I consent to act as public officer of the Company, in accordance with section 252 of the **Income Tax Assessment Act 1936** (Cth) and subject to the provisions of the Constitution.

Name

Address

Date

Signature

Name (BLOCK LETTERS)

Consent to become a Member

To _____ Ltd

1. I, _____ consent to become a member of _____ Ltd, a company to be registered under the **Corporations Act 2001** (Cth) and which will be taken to be a public company limited by guarantee.
2. I confirm that I received a copy of the constitution prepared by McInnes Wilson Lawyers and agree for it to be adopted as the constitution for the Company.
3. I agree to guarantee the liabilities of the company up to an amount of: \$ _____

Date

Signature

Name (BLOCK LETTERS)

Consent to become a Member

To _____ Ltd

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