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**Text

Description automatically generated**

**Company Registration Form**

**Client Information Filling Date: .**

**Entity details**

|  |  |  |
| --- | --- | --- |
| **Name of the Australian Private Company**  （In order to avoid repetition of the enterprise name, please provide 3 different name for us to select.） | | **1.**  **2.**  **3.** |
| |  | | --- | | **Company Structure**  (Select one) | | ☐Company ☐☐Partnership  ☐Family Trust ☐☐Discretionary Trust  ☐Uni Trust ☐ ☐Other . | |

**Company postal address (\***If the client accepts the address of GAF Accounting Pty Ltd as postal address, the information as follows does not need to fill in.)

Street 1 \*: Street 2: Suburb: .

State: Postcode: Country: .

Telephone number (Company) : .

Email Address (Company) : .

**Main business address**

Street 1 \*: Street 2: Suburb: .

State: Postcode: Country: .

Telephone number: .

Service Email Address: .

**Business Activity details**

|  |  |
| --- | --- |
| require date： |  |
| Main business activity description： |  |

**How many people are consenting to be the director? Provide each directors information as follows:**

**Associate details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Associate individual select ☐1.， Associate Organization select☐ 2.** | | | | | | | | | | | | | | | | | | |
| **☐1. Associate individual** (If associate individuals are more than two, please filling the remaining information in APPENDIX. | | | | | | | | | | | | | | | | | | |
| Associate individual 1: | | | | | | | | | | | | | | | | | | |
| Title | |  | | | First given name | | | |  | | | | | Other given name | | | |  |
| Family name | | | | |  | | | | | | Position held | | | | | ☐Director ☐Public officer  ☐Shareholder ☐Secretary  ☐Other . | | |
| City of Birth | | | | |  | | | | | |
| Date of Birth | | | | |  | | | | Sex | | | |  | Tax file number | | | |  |
| Postal Address | | | | | | |  | | | | | | | | | | | |
| Telephone number | | | | | | |  | | | | | | | | | | | |
| Associate individual 2 (If have): | | | | | | | | | | | | | | | | | | |
| Title |  | | | First given name | | | | | |  | | | | | Other given name | |  | |
| Family name | | | |  | | | | | | | Position held | | | | | ☐Director ☐Public officer  ☐Shareholder ☐Secretary  ☐Other . | | |
| City of Birth | | | |  | | | | | | |
| Date of Birth | | |  | | | | | Sex | | | |  | | | Tax file number | |  | |
| Postal Address | | | | | |  | | | | | | | | | | | | |
| Telephone number | | | | | |  | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **☐2. Associate Organization** | | | | |
| Organization Name | |  | | |
| ABN of associate organization | |  | | |
| ACN of associate organization | |  | | |
| Tax file number |  | | Position held |  |

**How to divide shares? Ratio of each director holds**

**Need a hard copy for Company Registration $49.5? Or Company Seal $38.5?**

**Reason for application (Select one)**

|  |
| --- |
| ☐New business in Australia |
| ☐Investment purpose |
| ☐Purchased Existing Business |
| ☐Contractor |
| ☐To receive payment for service |
| ☐Change in business structure |

**APPENDIX:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Associate individual 3: | | | | | | | | | | | | | | | | | | |
| Title | |  | | | First given name | | | |  | | | | | Other given name | | | |  |
| Family name | | | | |  | | | | | | Position held | | | | | ☐Director ☐Public officer  ☐Shareholder ☐Secretary  ☐Other . | | |
| City of Birth | | | | |  | | | | | |
| Date of Birth | | | | |  | | | | Sex | | | |  | Tax file number | | | |  |
| Postal Address | | | | | | |  | | | | | | | | | | | |
| Telephone number | | | | | | |  | | | | | | | | | | | |
| Associate individual 4 (If have): | | | | | | | | | | | | | | | | | | |
| Title |  | | | First given name | | | | | |  | | | | | Other given name | |  | |
| Family name | | | |  | | | | | | | Position held | | | | | ☐Director ☐Public officer  ☐Shareholder ☐Secretary  ☐Other . | | |
| City of Birth | | | |  | | | | | | |
| Date of Birth | | |  | | | | | Sex | | | |  | | | Tax file number | |  | |
| Postal Address | | | | | |  | | | | | | | | | | | | |
| Telephone number | | | | | |  | | | | | | | | | | | | |
| Associate individual 5 (If have): | | | | | | | | | | | | | | | | | | |
| Title |  | | | First given name | | | | | |  | | | | | Other given name | |  | |
| Family name | | | |  | | | | | | | Position held | | | | | ☐Director ☐Public officer  ☐Shareholder ☐Secretary  ☐Other . | | |
| City of Birth | | | |  | | | | | | |
| Date of Birth | | |  | | | | | Sex | | | |  | | | Tax file number | |  | |
| Postal Address | | | | | |  | | | | | | | | | | | | |
| Telephone number | | | | | |  | | | | | | | | | | | | |