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 **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.** |
|

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| **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**

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| **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 |  |

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| --- |
| **☐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 |  |