

Standard Company - Data Capture Form

General Information:

Proposed Company Name <i>(1st Preference)</i>	
Proposed Company Name <i>(2nd Preference)</i>	
Registered Address	
Does the company occupy those premises? If no, please add in full address & details of occupant	
Principle Place of Business	
Proposed business activity	

Company Associates:

Particulars	1st Associate	2nd Associate	3rd Associate	4th Associate
First Name:				
Middle Name				
Last Name				
Former name (if any):				
TFN:				
ABN (If any):				
Residential Address:				
Email Address				
Phone No.				
Date of Birth:				
Place of Birth : <i>(Country, State, Suburb)</i>				
Position to be held : <i>* Tick all positions, as applicable</i> <i>* Only one person to be secretary</i> <i>* Only one person to be Chairperson</i>	Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Secretary <input type="checkbox"/> Chairperson <input type="checkbox"/>	Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Secretary <input type="checkbox"/> Chairperson <input type="checkbox"/>	Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Secretary <input type="checkbox"/> Chairperson <input type="checkbox"/>	Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Secretary <input type="checkbox"/> Chairperson <input type="checkbox"/>
No. of Shares : <i>(If Shareholder)</i>				

Member/Director Consent:

I/We consent to act as director of the above-mentioned company.

I/We authorise, **FinPro Consultant Group**, to attend to the establishment of the entity listed above with ASIC; to attend to the registration of the entity listed above with the Australian Taxation Office as required.

Director/Secretary
Date:

Director
Date:

Director
Date:

Director
Date:

This completed form should be signed and returned to our office. Please feel free to contact us should you require any assistance completing this form.

DISCLAIMER:

AS DIRECTOR/S ITS YOUR RESPONSIBILITY FOR THE ACCURACY OF THE ITEMS COMPLETED ON THIS FORM. AS SUCH, PLEASE ENSURE THAT ALL THE INFORMATION SUPPLIED IS ACCURATE. WE WILL ATTEND TO THE ESTABLISHMENT OF YOUR ENTITY USING THE EXACT DETAILS PROVIDED ABOVE. IF ANY CHANGES ARE REQUIRED AFTER YOUR ENTITY HAS BEEN ESTABLISHED DUE TO THE INACCURATE COMPLETION OF THIS FORM, THIS WILL INCUR AN ADDITIONAL CHARGE.