

COMPANY DEREGISTRATION REQUEST

CLIENT DETAILS		
NAME:		
ADDRESS:		
SUBURB/CITY:	STATE:	POST CODE:
EMAIL:		PHONE: ()
CONTACT PERSON:		FAX: ()

COMPANY DETAILS		
COMPANY NAME:		ACN:
ADDRESS OF REGISTERED OFFICE:		
SUBURB/CITY:	STATE:	POST CODE:
DATE OF DEREGISTRATION:		

DIRECTOR WHO IS MAKING THIS APPLICATION (Will sign the Form 6010)			
(1). FAMILY NAME:	GIVEN NAMES:		
ADDRESS:		COUNTRY:	
SUBURB/CITY:	STATE:	POST CODE:	

OTHER DIRECTORS NAMES		
(1).	FAMILY NAME:	GIVEN NAMES:
(2).	FAMILY NAME:	GIVEN NAMES:
(3).	FAMILY NAME:	GIVEN NAMES:
(4).	FAMILY NAME:	GIVEN NAMES:
(5).	FAMILY NAME:	GIVEN NAMES:
(6).	FAMILY NAME:	GIVEN NAMES:

SHAR	EHOLDERS NAMES	
(1)	COMPANY	COMPANY NAME / ACN:
(1).	INDIVIDUAL	FAMILY / GIVEN NAMES:
(2).	COMPANY	COMPANY NAME / ACN:
(2).	INDIVIDUAL	FAMILY / GIVEN NAMES:
(3).	COMPANY	COMPANY NAME / ACN:
(3).	INDIVIDUAL	FAMILY / GIVEN NAMES:
(4).	COMPANY	COMPANY NAME / ACN:
(4).	INDIVIDUAL	FAMILY / GIVEN NAMES:
(5).	COMPANY	COMPANY NAME / ACN:
(5).	INDIVIDUAL	FAMILY / GIVEN NAMES:
(6).	COMPANY	COMPANY NAME / ACN:
(0).	INDIVIDUAL	FAMILY / GIVEN NAMES:

FINANCIAL STATEMENTS

Please attach a copy of the company's current company extract to this request.



COMPANY DEREGISTRATION REQUEST

Instructions:

Complete the above form – Remember to please attach a current company extract with your order.
 Complete payment options form (if applicable)

3. Email this form to orders@abbots.com.au

4. Within 24 hours we will action your order and have the documents ready to be signed. Once signed and returned, will lodge your request with ASIC.



COMPANY DEREGISTRATION REQUEST

PAYMENT OPTIONS FORM

Name:	
Date:	
CREDIT CARD Amount of Payment: \$	Card holder's name
Credit Card (tick one box only) Please debit my: Mastercard Visa	CVV
	orm to <u>orders@abbots.com.au</u> will not be accepted

Please deposit funds into this account:
Bank: National Australia Bank
BSB: 083-091
Account: 47-717-0242
Reference: Invoice No. or Procedure Name
Email confirmation to <u>orders@abbots.com.au</u> – Please note orders will be completed once payment has cleared

I authorise Abbots to debit my credit card with the amount shown above.

Signed: _____ Date: _____

P / (03) 9427 8888

www.abbots.com.au