

ABBOTS

INCORPORATION SERVICES

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:

SHAREHOLDERS NAMES

(1).

COMPANY
 INDIVIDUAL

COMPANY NAME / ACN:

FAMILY / GIVEN NAMES:

(2).

COMPANY
 INDIVIDUAL

COMPANY NAME / ACN:

FAMILY / GIVEN NAMES:

(3).

COMPANY
 INDIVIDUAL

COMPANY NAME / ACN:

FAMILY / GIVEN NAMES:

(4).

COMPANY
 INDIVIDUAL

COMPANY NAME / ACN:

FAMILY / GIVEN NAMES:

(5).

COMPANY
 INDIVIDUAL

COMPANY NAME / ACN:

FAMILY / GIVEN NAMES:

(6).

COMPANY
 INDIVIDUAL

COMPANY NAME / ACN:

FAMILY / GIVEN NAMES:

FINANCIAL STATEMENTS

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

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Instructions:

1. Complete the above form – Remember to please attach a current company extract with your order.
2. 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.

