

ABBOTS

INCORPORATION SERVICES

COMPANY NAME CHANGE

CLIENT DETAILS

NAME:

ADDRESS:

SUBURB/CITY:

STATE:

POST CODE:

EMAIL:

PHONE: ()

CONTACT PERSON:

FAX: ()

COMPANY NAME CHANGE

CURRENT COMPANY NAME:

ACN:

ADDRESS OF REGISTERED OFFICE:

SUBURB/CITY:

STATE:

POST CODE:

DATE OF NAME CHANGE:

PROPOSED COMPANY NAMES

(1).

(2).

(3).

DIRECTOR TO SIGN ASIC FORM 205

(1). FAMILY NAME:

GIVEN NAMES:

DATE OF BIRTH:

DATE APPOINTED AS DIRECTOR:

DIRECTORS & SHAREHOLDERS NAMES

(1).

DIRECTOR
 SHAREHOLDER

FAMILY NAME:

GIVEN NAMES:

(2).

DIRECTOR
 SHAREHOLDER

FAMILY NAME:

GIVEN NAMES:

(3).

DIRECTOR
 SHAREHOLDER

FAMILY NAME:

GIVEN NAMES:

(4).

DIRECTOR
 SHAREHOLDER

FAMILY NAME:

GIVEN NAMES:

(5).

DIRECTOR
 SHAREHOLDER

FAMILY NAME:

GIVEN NAMES:

(6).

DIRECTOR
 SHAREHOLDER

FAMILY NAME:

GIVEN NAMES:

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COMPANY NAME CHANGE

Instructions:

1. Complete the above form – Remember to please attach a current company extract with your order.
2. Email this form to orders@abbots.com.au
3. 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.