



COMPANY REGISTRATION ORDER FORM

Name: _____
Address: _____
Phone: _____
E-mail: _____

Preferred Company Name/s

Is this name a Registered Business Name? YES NO If Yes, in which State/s or Territory/s is it registered? _____

Registered Office Address _____
(in full)

Occupier _____
(Only required if Registered Office is c/- accountants, solicitors etc)

Full Principal Place of Business _____

DETAILS OF COMPANY OFFICERS AND SHAREHOLDERS

#1 (To be Chairman)

Family Name _____ GivenName/s _____

Full Street Address

Date of Birth _____ Place of Birth (Town/State/Country) _____

TFN _____ Number of Shares _____

Positions Held DIRECTOR SECRETARY PUBLIC OFFICER

#2 Family Name

_____ GivenName/s _____

Full Street Address

Date of Birth _____ Place of Birth (Town/State/Country) _____

TFN _____ Number of Shares _____

Positions Held DIRECTOR SECRETARY PUBLIC OFFICER

I, _____ hereby declare that I hold the necessary consent/s of the party/s listed above.
(Print Name)

Signature Required

PAYMENT DETAILS: Please debit the following card details by the amount of \$ 1,650.00

TYPE OF CARD: Visa Mastercard Cheque

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____

Please return this Form to info@atomaat.com.au or call us on 07 5452 7205