

Name and Address of Firm Contact Name Email Address	Telephone Facsimile State of Incorporation SA VIC NSW QLD WA NT TAS ACT Special Instructions	COMPANY NAME (Is it a registered Business Name Yes/No) If Yes, Business Registration Number _____ ACN Type of Company –Shelf _____ Incorporation Date _____ Documents Dated _____
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Full Name	Residential Address	Date & Place of Birth	Occupation
Directors (Must be 18 years or older)			
Secretaries (Must be 18 years or older)			
Public Officer (Must be 18 years or older)			

Members – Full Name (Must be 18 years or older or Held in Trust by a person 18 Years or older or a Company)	Residential Address	<i>Issue value per share will be \$1.00 unless otherwise stated</i>				
		Total Shares Held	Total Value	Class of Shares	No of Shares	Serial No From To

To Incorporation Specialists Pty Ltd: I/We confirm that all the above mentioned proposed directors, secretaries and members have consented to their appointments under section 117(5) of the Corporations Act 2001 and hereby appoint Incorporation Specialists Pty Ltd to sign the Application for Registration of this company as agent.

Registered Office	
Principal Place of Business	Nature of Business

Please note a common seal will only be supplied when requested for an additional \$44.