

Company Name Change Order Form

Client Name: _____
 Contact Number: _____
 Email: _____

Are you Accountable for your Accounts?

Current Company Name:	_____
A.C.N:	_____
Proposed New Name:	_____
Is the Company Name a Registered Business Name owned by the member/s: <input type="checkbox"/> Y <input type="checkbox"/> N	

Company Officer (who will act as signatory on ASIC forms)		
Full Name:	_____	Director: <input type="checkbox"/> Secretary: <input type="checkbox"/>

Names of ALL Voting Members	
Member's Full Name:	_____
A.C.N: (if Company)	_____
Member's Full Name:	_____
A.C.N: (if Company)	_____
Member's Full Name:	_____
A.C.N: (if Company)	_____
Member's Full Name:	_____
A.C.N: (if Company)	_____
Member's Full Name:	_____
A.C.N: (if Company)	_____
Member's Full Name:	_____
A.C.N: (if Company)	_____

Special Resolution Details	
<p>THE MEMBER/S' SPECIAL RESOLUTION TO CHANGE THE COMPANY NAME WILL BE PASSED VIA A CIRCULAR RESOLUTION PURSUANT TO THE CORPORATIONS ACT (whereby the voting members of the company will sign a document containing a statement that they are in favour of the necessary resolutions).</p>	
<p>OR please select one of the following:</p>	
<p>CONVENE AN EXTRAORDINARY GENERAL MEETING OF THE COMPANY WHERE EITHER (please tick):</p>	
<p>1. <input type="checkbox"/> MEMBERS ARE GIVEN WRITTEN NOTICE: Due notice (at least 21 days) is given and the Special Resolution is passed at the ensuing meeting;</p>	
<p>OR</p>	
<p>2. <input type="checkbox"/> NOTICE OF MEETING IS WAIVED: Notice of the meeting is waived pursuant to the Corporations Act, as members present to pass the Special Resolution represent at least 95% of the total exercisable voting rights.</p>	
<p>If 1 or 2 above applies, please provide:-</p>	
Date of Notice: (if applicable)	Date and Time of Meeting:
Street Address for Meeting: _____	

Payment Details: ACIS Company Name Change Fees

\$ 450.00* (GST Inclusive)

By Credit Card (Visa or Mastercard only):

By Debit Card

Expiry Date: ____ / ____ CCV: ____

Debit Card payments can be made in person at our office.

Card Number: _____

Signed: _____

Dated: _____

* This amount is for the Australian Company Incorporation Services' (ACIS) setup fees only and does not include your investment to Account Ability Accountants which will be invoiced separately. NB: 2% Surcharge applies to all Debit & Credit Card Transactions. This fee will be added to your amount payable during the processing of your payment.

Please attach any additional pages. Completed forms are to be forwarded to info@account-ability.net.au or PO Box 23, Wurtulla Q 4575.