

# NOVOCASTRIAN CORPORATE SERVICES

PO Box 1866  
NEWCASTLE NSW 2300

All enquiries to  
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Please supply new company	
[ ] Single Director / Single Shareholder Company [ ] Other as below Your Ref: _____	
<b>DIRECTOR ONE</b>	Full Name: _____ Former Names (if applicable): _____ Date of Birth: _____ Town & Country of Birth: _____ Residential Address: _____ Company Secretary Yes / No ( ) Ordinary Share(s) ( ) Other: _____
<b>DIRECTOR TWO</b>	Full Name: _____ Former Names (if applicable): _____ Date of Birth: _____ Town & Country of Birth: _____ Residential Address: _____ Company Secretary Yes / No ( ) Ordinary Share(s) ( ) Other: _____
<b>ALTERNATE DIRECTOR FOR DIRECTOR ONE</b>	<b>RECOMMENDED IF ONLY ONE DIRECTOR</b> Full Name: _____ Former Names (if applicable): _____ Date of Birth: _____ Town & Country of Birth: _____ Residential Address: _____
<b>COMPANY</b>	Preferred Names: 1. _____ 2. _____ Registered Office Address: _____ Usual Occupant of Registered Office: _____ Principal Place of Business Address: _____ Company's Telephone: _____ Company's Facsimile: _____ Is the proposed company name <b>exactly</b> the same as a registered business name? _____
<b>CLIENT</b>	NCS Client's Name: _____ Telephone: _____ Delivery Address: _____ I/We apply for the registration of a company on the basis of the information in this form and any attachments. I/we have the necessary written consents and agreements referred to in this application concerning the members and officeholders and I/We shall give the consents and agreements to the company after the company becomes registered. The information provided in this application and in any annexures is true and correct at the time of signing.  Order Authorised by:  <div style="text-align: right;">                         _____ (Signature)                          _____ (Print Name)                     </div>

**PLEASE FAX THIS ORDER TO 1300 523 938**

**DIRECT DEPOSIT DETAILS BANK: Commonwealth BSB: 062 815 Acc No: 10349628**