

TO: CGW Structu	res
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Level 21, 400 George Street, Brisbane 4000 GPO Box 834, Brisbane 4001

F 61 7 3231 8955

T 61 7 3231 2955

E info@cgw structures.com.au

1. Applicant/Accountant details

Firm name:			
Contact name:			
Telephone:	Fax:		
Email address:			
Postal address:			
Suburb/City:	State:	Postcode:	
Street address:			
Suburb/City:	State:	Postcode:	

Please choose how you would like the document sent:

Electronic copy only OR

Hard copy register (you will also receive pdf copy)

2. Details for company

If the proposed name is identical to a registered business name that is owned by the proposed officeholders ASIC requires the officeholders to be appointed from incorporation so the business name proprietors are officeholders of the proposed new company. Please fax or email a copy of the business name registration and signed consents to our office with this application form. (See 4 company procedures - second option)

 Proposed company name:
 Is an identical business name in existence?
 Yes (If yes consents required)
 No

3. Officers and shareholders

(a)	Given names:		Surname:				
	Residential address:						
	Suburb/City:		State:			Postcode:	
	Date of birth:	/ /	Place of b	irth:			
	Number of shares:		Class of sl	hares:			
	Are these shares to be h	neld on trust? If yes, pleas	e complete	details be	elow.		
	Name of company/individual		Name of tr	rust			
	Positions to be held:	director seci	retary*	publi	c officer**]shareholder	
(b)	Given names:		Surname:				
	Residential address:						
	Suburb/City:		State:			Postcode:	
	Date of birth:	/ /	Place of b	irth:			
	Number of shares:		Class of sl	hares:			
	Are these shares to be held on trust? If yes, please complete details below						
	Name of company/individual:		Name of tr	rust:			
	Positions to be held:		retary*	publi	c officer**	shareholder	



(c)	Given names:		Surname:			
	Residential address:					
	Suburb/City:		State:		Postcode:	
	Date of birth:	/ /	Place of birth:			
	Number of shares:		Class of shares:			
	Are these shares to be h	eld on trust? If yes, pleas	e complete details b	elow		
	Name of company/individual:		Name of trust:			
	Positions to be held:	director sec	retary* Dpubl	ic officer**	shareholder	
(d)	Given names:		Surname:			
	Residential address:					
	Suburb/City:		State:		Postcode:	
	Date of birth:	/ /	Place of birth:			
	Number of shares:		Class of shares:			
	Are these shares to be h	eld on trust? If yes, pleas	e complete details b	elow		
	Name of company/individual		Name of trust:			
	Positions to be held:	director sec	retary* Dpubl	ic officer**	shareholder	

* Secretary – If the company has a sole director, we will also appoint the director as a secretary so that the director can sign documents in accordance with section 127 of the *Corporations Act*. If the company has two directors, we suggest that both directors are also appointed as secretaries so that a remaining director can sign documents if the other director is removed as a director.
** Public officer – A public officer is the person the ATO contacts and sends correspondence to. A company carrying on business in

** **Public officer** – A public officer is the person the ATO contacts and sends correspondence to. A company carrying on business in Australia must have a public officer and must notify the ATO (section 252 ITAA 1936); there are penalties for non-compliance.

4. Company procedures

Establish the company with CGW Structures nominee as the initial officeholder and shareholder listed at Q3 the officeholders are appointed after incorporation (same day as incorporation).

Establish the company with the officeholders at 3 as the directors and shareholders on incorporation (if you choose this option you **MUST** fax or email the signed consents to 3231 8955 or info@cgwstructures.com.au **BEFORE** we can incorporate the company). See our website to download consents. You **MUST** choose this option if the proposed company name is identical to a registered business name that is owned by the proposed officeholders.

5. Consents

The people listed at 3 above consent to act in the capacities for which they are listed:

6. Registered office

ASIC requires full address. (Please note ASIC will not accept a corner address or a mail service number.)

Street address:		
Suburb/City:	State:	Postcode:
Occupier (if not company):		

7. Principal place of business

ASIC requires full address. (Please note ASIC will **not** accept a corner address or a mail service number.) If a rural property, the name of the access road to the property is required.

Street address:			
Suburb/City:	State:	Postcode:	
Occupier (if not company):			



8. Loan agreement details

	Additional fees apply.	Please consult our	price list or ask us for details.	
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	Please provide a loan agreement for the purposes of Division 7A of the Tax Act for loans from the new company to:
 each director individually all directors jointly each shareholder individually all shareholders jointly other - please complete separate application for loan agreement 	 each director individually all directors jointly each shareholder individually all shareholders jointly

9. Sole purpose

If the company is being incorporated to be the trustee of a self-managed superannuation fund and will not conduct any other activities, the company will be eligible to pay reduced annual ASIC fees.

Is the sole purpose of the	Yes	No	
If yes, name the fund:			

10. Declaration

I/We confirm that the persons named in Item 3 of this form have consented **IN WRITING** to act as directors and officers of the company.

I/We have been authorised to:

- apply for shares in the company as agent for the persons specified in Item 3; and
- authorise CGW Structures or each partner and staff member of that firm to sign and lodge a Form 201 application for incorporation for the company and pay the appropriate ASIC fees as agent for the persons named in Item 3.

If the proposed company name is identical to a registered business name that is owned by the proposed directors then we authorise CGW Structures to apply for registration of the proposed company on behalf of the owners of the business name.

If applicable, I/We consent to the nomination of my/our office as the registered office of the company.

Dated the day of 2021

Signature of applicant

OPTIONAL – Payment by credit card

If you would like to pay by credit card, please complete the section below. If you would prefer we disburse our costs to your next account, please leave this section blank.

Card type:	MasterCard	🗌 Visa		
Card number:			Expiry date (mm/yy):	/
Name of cardholder:			Amount:	
Signature of cardholder:			-	
Date:	/ /		Contact phone no .:	

Please print this form, review and sign it, and fax it to 61 7 3231 8955 or email to info@cgwstructures.com.au