

Application for establishment of a company

TO: CGW Structures 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. A	oplicant/Accountant deta	ails						
	name:							
Con	tact name:							
Tele	phone:			Fax:				
Ema	il address:							
Post	al address:							
Suburb/City:				State:			Postcode:	
Stre	et address:							
Suburb/City:				State:			Postcode:	
Pleas	e choose how you woul	d like the docur	nent sen	t:				
	Electronic copy only OR	☐ Hard co	py regist	er (you will	also recei	ve pdf copy)		
If the posticeholder	etails for company proposed name is identical to nolders to be appointed from a copy of the business name	incorporation so the	e business	name propr	rietors are o	fficeholders of	the proposed comp	any. Please
•	oosed company name:							
Is ar	Is an identical business name in existence? Yes (If yes consents required) No						No	
3. Officers and shareholders From 5 April 2022, all individuals must have a director identification number before they are appointed as a director of a company. If they do not have one, they can apply for one at https://www.abrs.gov.au/director-identification-number .								
(a)	Given names:			Surname				
	Director ID number:							
	Residential address:							
	Suburb/City:			State:			Postcode:	
	Date of birth:	1 1		Place of b	oirth:			
	Number of shares:			Class of s	shares:			
		ares to be held on trust? If yes, please complete details below.						
	Name of company/individual			Name of t	trust			
	Positions to be held:	director	sec	retary*	public	c officer**	Shareholder	
(b)	Given names:			Surname				
	Director ID number:							
	Residential address:							
	Suburb/City:			State:			Postcode:	
	Date of birth:	/ /		Place of b	oirth:			
	Number of shares:			Class of s	shares:			
	Are these shares to be h	hares to be held on trust? If yes, please complete details below						
	Name of company/individual:			Name of t	trust:			
	Positions to be held:	director	Sec	retarv*	Dublic	officer**	Shareholder	



(c)	Given names:			Surname:					
	Director ID number:								
	Residential address:								
	Suburb/City:			State:			Р	ostcode:	
	Date of birth:	1 1		Place of b	irth:				
	Number of shares:			Class of s	hares:				
	Are these shares to be held on trust? If yes, please complete details below								
	Name of company/individual:			Name of t	rust:				
	Positions to be held:	director	sec	retary*	publi	c officer**	S	hareholder	
(d)	Given names:			Surname:					
	Director ID number:								
	Residential address:								
	Suburb/City:			State:			Р	ostcode:	
	Date of birth:	/ /		Place of b	irth:				
	Number of shares:			Class of shares:					
	Are these shares to be h	Are these shares to be held on trust? If yes, please complete details below							
	Name of company/individual			Name of t	rust:				
	Positions to be held:	director	sec	retary*	publi	c officer**	□s	hareholder	
Austra	olic officer – A public officer lia must have a public officer a company procedures Establish the company wi officeholders are appointe	and must notify the	ATO (sed	ction 252 ITA	A 1936); th	nere are penalti eholder and s	ies for n	non-compliance	
	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:								
ASIC I	egistered office requires full address. (Please	note ASIC will not	accept a d	corner addre:	ss or a mai	il service numb	er.)		
	et address:		I	0					
	urb/City:			State:			P	ostcode:	
Occupier (if not company):									
ASIC I	rincipal place of business requires full address. (Please cess road to the property is re et address:	note ASIC will not	accept a c	corner addres	ss or a mai	l service numb	er.) If a	rural property, t	the name of
Sub	urb/City:			State:				Postcode:	
Occi	upier (if not company):		J						



8. Loan agreement details Additional fees apply. Please col			- A () ()				
Please provide a loan agree	ement for the purposes of	Division 7A of the	e Tax Act for loans from the	ne new company to:			
each director individuall all directors jointly each shareholder indivi	•	loan agreement					
9. Sole purpose If the company is being incorpor the company will be eligible to pe			annuation fund and will not o	conduct any other activities			
Is the sole purpose of the o	company to be the truste	e of a complying s	superannuation fund?	☐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; and							
have director identification.	ation numbers.						
I/We have been authorised to):						
apply for shares in the	apply for shares in the company as agent for the persons specified in Item 3; and						
			that firm to sign and lodge fees as agent for the pers				
If the proposed company nar we authorise CGW Structure name.							
If applicable, I/We consent to	the nomination of my/ou	r office as the regi	istered office of the comp	any.			
Dated the day of	2022						
Signature of applicant							
OPTIONAL – Payment by If you would like to pay by cr to your next account, please	edit card, please comple	te the section belo	ow. If you would prefer th	at we disburse our costs			
Card type:	☐ MasterCard	☐ Visa					
Card number:			Expiry date (mm/yy):	/			
Name of cardholder:			Amount:				
Signature of cardholder:							

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

Contact phone no.:

Date: