

## Application for establishment of a company

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

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E info@cgwstructures.com.au

1. Ap	oplicant/Accou	ntant deta	ails									
Firm	name:											
Con	tact name:											
Telephone:					Fax:							
Ema	il address:											
Post	al address:											
Suburb/City:					State:				Postcode:			
Street address:												
Subi	urb/City:					State:				Postcode:		
2. De	e choose how Electronic copy etails for comporposed name is nolders to be apport a copy of the busin	only OR  any identical to inted from i	Hard  a registered bus ncorporation so	copy i siness r the bus	registe name t	er (you will that is owned name propri	d by the pro letors are o	fficeholders of	the pr	oposed company	y. Please	
	osed company							,	•			
ls ar	n identical busin	ess name	in existence?		<u> </u>	es (If yes	consents	required)		□ No		
	5 April 2022, all i any. If they do no Given names:	ot have one					abrs.gov.				of a	
	Director ID nu	mber:					•					
	Residential ad	ldress:										
	Suburb/City:					State:				Postcode:		
	Date of birth:		/ /			Place of birth:						
	Number of sha	ares:			Class of shares:							
	Are these sha	shares to be held on trust? If yes, please complete details below.										
	Name of company/indiv	ridual				Name of t	rust					
	Positions to be	e held:	director		secr	etary*	public	officer**		shareholder		
(b)	Given names:					Surname:						
	Director ID nu	mber:										
	Residential ad	ldress:										
	Suburb/City:					State:				Postcode:		
	Date of birth:	1 1		/	Place of		irth:					
	Number of sha	hares:			Class of sha		hares:					
	Are these shares to be held on trust? If yes, please complete details below											
	Name of company/indiv	vidual:				Name of t	rust:					
	Positions to be	e held:	Odirector		Secr	etarv*	Doublic	officer**		hareholder		



(c)	Given names:			Surname:					
	Director ID number:	number:							
	Residential address:								
	Suburb/City:			State:			Postcode:		
	Date of birth:	/ /		Place of b	oirth:				
	Number of shares:			Class of shares:					
	Are these shares to be held on trust? If yes, please complete details below								
	Name of company/individual:			Name of trust:					
	Positions to be held:	director	sec	retary*	publ	ic officer**	shareholder		
(d)	Given names:			Surname:					
	Director ID number:								
	Residential address:								
	Suburb/City:			State:			Postcode:		
	Date of birth:	/ /		Place of birth:					
	Number of shares:			Class of shares:					
	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*	publ	ic officer**	shareholder		
	Australia must have a public officer and must notify the ATO (section 252 ITAA 1936); there are penalties for non-compliance.  L. 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								
	BEFORE we can incorpo	ou <b>MUST</b> fax or email the signed consents to 3231 8955 or info@cgwstructures.com.au orporate the company). See our website to download consents. You <b>MUST</b> choose this d company name is identical to a registered business name that is owned by the proposed							
	onsents eople listed at 3 above cor	nsent to act in the	capaciti	ies for whic	h they are	e listed:			
6. Registered office ASIC requires full address. (Please note ASIC will not accept a corner address or a mail service number.)									
Stree	et address:		1						
Suburb/City:				State:			Postcode:		
Occupier (if not company):									
7. Principal place of business ASIC requires full address. (Please note ASIC will <b>not</b> accept a corner address or a mail service number.) If a rural property, the name of the access road to the property is required.									
	et address:	7							
Subi	urb/City:			State:			Postcode:		
Occupier (if not company):									



8. Loan agreement details Additional fees apply. Please con	nsult our price list or ask	us for details.		
Please provide a loan agree			Tax Act for loans from the	ne new company to:
each director individually all directors jointly each shareholder individually all shareholders jointly other - please complete	dually	for loan agreement		
9. Sole purpose If the company is being incorpore the company will be eligible to pa	ay reduced annual ASIC	fees.		
Is the <b>sole purpose</b> of the o	company to be the true	stee of a complying s	uperannuation fund?	☐Yes ☐No
If yes, name the fund:				
10. Declaration				
I/We confirm that the persons	named in Item 3 of the	his form:		
have consented IN WF	RITING to act as dired	ctors and officers of th	ne company; and	
have director identification.	ation numbers.			
I/We have been authorised to	):			
apply for shares in the	company as agent fo	or the persons specific	ed in Item 3; and	
			that firm to sign and lodge fees as agent for the pers	
If the proposed company nan we authorise CGW Structures name.				
If applicable, I/We consent to	the nomination of my	//our office as the regi	stered office of the compa	any.
Dated the day of	20			
Signature of applicant				
OPTIONAL – Payment by If you would like to pay by cre to your next account, please I	edit card, please com		ow. If you would prefer th	at we disburse our costs
Card type:	☐ MasterCard	☐ Visa		
Card number:			Expiry date (mm/yy):	1
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: