



On completion of this form, please send to :  
**Nassarisi Rossi Business Services Pty Ltd.**

Via Email admin@nassarisirossi.com.au  
Via Fax: (08) 8332 0389  
Or Post: 65G Dulwich Avenue  
Dulwich SA 5065

### Company Instruction Form

#### Requesting Party

Name of Firm \_\_\_\_\_  
Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date documents required: \_\_\_\_\_

#### Company Details

Name of Company: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Is the sole purpose of the company to act as trustee of a superannuation fund? Yes/No  
If the proposed company name is identical to an existing business name, please complete the following information if available.  
Business Name: \_\_\_\_\_ Registration Number/ABN: \_\_\_\_\_  
State of Registration: \_\_\_\_\_  
Name of Proprietor(s): \_\_\_\_\_

#### Registered Office

Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Name of Occupier if this is not the location of the company office: \_\_\_\_\_

If the principal place of business is not the same as the registered office, please complete the following information.

#### Principal Place of Business

Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Directors** Full name must be provided

**Director 1**

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Director 2**

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Director 3**

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Director 4**

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Director 5**

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Secretary** Full name must be provided

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Public Officer** Full name must be provided

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Shareholders****Full name must be provided****Shareholder 1**Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_  
(or Company Name) (or ACN)Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class of Shares \_\_\_\_\_

Amount Paid Per Share \_\_\_\_\_ Fully Paid Yes/No.

If not fully paid, amount paid per share \_\_\_\_\_

Shares beneficially held? Yes/No.

If No, name of beneficial owner of shares: \_\_\_\_\_

**Shareholder 2**Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_  
(or Company Name) (or ACN)Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class of Shares \_\_\_\_\_

Amount Paid Per Share \_\_\_\_\_ Fully Paid Yes/No.

If not fully paid, amount paid per share \_\_\_\_\_

Shares beneficially held? Yes/No.

If No, name of beneficial owner of shares: \_\_\_\_\_

**Shareholder 3**Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_  
(or Company Name) (or ACN)Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class of Shares \_\_\_\_\_

Amount Paid Per Share \_\_\_\_\_ Fully Paid Yes/No.

If not fully paid, amount paid per share \_\_\_\_\_

Shares beneficially held? Yes/No.

If No, name of beneficial owner of shares: \_\_\_\_\_

**Shareholder 4**Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_  
(or Company Name) (or ACN)Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class of Shares \_\_\_\_\_

Amount Paid Per Share \_\_\_\_\_ Fully Paid Yes/No.

If not fully paid, amount paid per share \_\_\_\_\_

Shares beneficially held? Yes/No.

If No, name of beneficial owner of shares: \_\_\_\_\_

**Shareholders Full name must be provided**

**Shareholder 5**

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_  
(or Company Name) (or ACN)

Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Number of Shares \_\_\_\_\_ Class of Shares \_\_\_\_\_

Amount Paid Per Share \_\_\_\_\_ Fully Paid Yes/No.

If not fully paid, amount paid per share \_\_\_\_\_

Shares beneficially held? Yes/No.

If No, name of beneficial owner of shares: \_\_\_\_\_

**To: Nassaris Rossi Business Services Pty Ltd: We confirm that all of the abovementioned directors, secretaries and members have consented to their appointments under Section 117(5) of the Corporations Act 2001 (Cth) and hereby appoint Nassaris Rossi Business Services Pty Ltd to sign the Application for Registration of this Company as agent.**  (tick if yes)

**General Information**

Do you require a Constitution?  (tick if yes)

Please state any special requirements you may have \_\_\_\_\_  
\_\_\_\_\_

Do you require a common seal?  (tick if yes)

In which State do you want us to register the Company? \_\_\_\_\_

(Note: unless you state otherwise we will register your Company in South Australia).

**Disclaimer – By engaging Nassaris Rossi Business Services Pty Ltd, please be aware that we do not provide legal, financial or stamp duty advice and we do not take responsibility for your legal, taxation or other liabilities which may arise from work that we may perform on your behalf. You should first obtain legal or financial advice in relation to your affairs before you provide us with your instructions.**