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Instruction sheet – company registration

From:

Please phone 1800 353 4251 if you have any queries or require any assistance completing this form

#Note: Please print clearly in block letters – errors may incur extra charges

Payment details If paying by Visa or MasterCard, a processing fee of 1.29% (inc. GST) will be added to the transaction value. If paying by American Express, a processing fee of 2.19% (inc. GST) will be added to the transaction value.
Please debit the following card details by the amount of $ 990 **Type of card** ☐ Visa ☑ MasterCard ☐ Amex
Card number 5353 1613 2212 5214 **Expiry date** 06 /20 **Name on card** Himesh Kapadia
Security code (for Amex customers only – located above your card number)
Signature of cardholder

Contact details – address for despatching account and documents			
Contact and firm name	Himesh Kapadia		
Street address	11 Campden Ct Brookfield Qld 4069		
Postal address	11 Campden Ct Brookfield Qld 4069		
Email address	himesh.kapadia@gmail.com	**Phone** 0422 146 315	**Fax** N/A
Date of instructions	26/07/19	**Date documents required by**	

Please tick company required	☑ **Pty Ltd**	☐ **Unlisted public**	☐ **Limited by guarantee**
Preferred company name (List 2 names in order of preference)	1 Minimal Studios 2		
Is the sole purpose of the company to be trustee of a superannuation fund?	☐ Yes ☑ No		
Is there an existing business name	☐ Yes (If yes, please provide business name and number) ☑ No Name: _____ BN number: _____ Authority to use: ☐ Yes ☐ No		
State of incorporation (if no preference, the company will be registered in Queensland)	Queensland		
Common seal	☐ Yes ☑ No	**Special constitution**	☑ Yes (If yes, extra charge) ☐ No
Registered office	11 Campden Ct Brookfield		
Will the company occupy this office	☑ Yes ☐ No	If no: (a) occupier's name: _____ (b) Do you have consent from occupier: ☐ Yes ☐ No	
Principal place of business	11 Campden Ct Brookfield		
Ultimate holding company		**ACN or country**	

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Officer's and member's details					
Surname or company	Kapadia				
Given names or ACN	Himesh			☑ **Male**	☐ **Female**
Street address	11 Campden Ct Brookfield Qld 4069				
Date of birth	26/02/91	**Place of birth**	Maryborough	**State or country of birth**	Qld
Former name				**Public officer**	☐ Yes ☐ No
Director	☑ Yes ☐ No	**Secretary**	☐ Yes ☐ No	**Shareholder**	☑ Yes ☐ No
Class of share (if not specified, will be issued at $1)	Ord $0.001	**No. of shares**	50,000	**Beneficially owned**	☑ Yes ☐ No (If no then as trustee for: _____)

I, Himesh Kapadia consent to act as an officeholder of the company.

(print name of director or secretary)

_____

(Signature required)

Officer's and member's details					
Surname or company					
Given names or ACN				☐ **Male**	☐ **Female**
Street address					
Date of birth		**Place of birth**		**State or country of birth**	
Former name				**Public officer**	☐ Yes ☐ No
Director	☐ Yes ☐ No	**Secretary**	☐ Yes ☐ No	**Shareholder**	☐ Yes ☐ No
Class of share (if not specified, will be issued at $1)		**No. of shares**		**Beneficially owned**	☐ Yes ☐ No (If no then as trustee for: _____)

I, _____ consent to act as an officeholder of the company.

(print name of director or secretary)

_____

(Signature required)

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Officer's and member's details					
Surname or company	Rashleigh				
Given names or ACN	Nathan Troy			☑ **Male**	☐ **Female**
Street address	84 Hutton Street, Thornbury, VIC 3071				
Date of birth	10/05/1989	**Place of birth**	Ipswich	**State or country of birth**	Qld
Former name				**Public officer**	☐ Yes ☐ No
Director	☑ Yes ☐ No	**Secretary**	☐ Yes ☐ No	**Shareholder**	☑ Yes ☐ No
Class of share (if not specified, will be issued at $1)	Ord $0.001	**No. of shares**	50000	**Beneficially owned**	☑ Yes ☐ No (If no then as trustee for: _____)

I, Nathan Troy Rashleigh consent to act as an officeholder of the company.

(print name of director or secretary)

Nathan R

(Signature required)

Officer's and member's details					
Surname or company					
Given names or ACN				☐ **Male**	☐ **Female**
Street address					
Date of birth		**Place of birth**		**State or country of birth**	
Former name				**Public officer**	☐ Yes ☐ No
Director	☐ Yes ☐ No	**Secretary**	☐ Yes ☐ No	**Shareholder**	☐ Yes ☐ No
Class of share (if not specified, will be issued at $1)		**No. of shares**		**Beneficially owned**	☐ **Yes** ☐ **No** (If no then as trustee for: _____)

I, _____ consent to act as an officeholder of the company.

(print name of director or secretary)

_____

(Signature required)

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Any additional information or comments

Please note:

(a) Instructions received after 3.00pm may not be implemented until next day.

(b) Company register cannot be released until account is paid in full.

(c) The *Corporations Act* requires every director and secretary of the company to execute this company instruction sheet prior to registration.

(d) Please return signed instructions to fax 1300 577 654.