

NEW COMPANY SET UP FORM

Information Required for New Company Incorporation



Proposed Name of New Company

1
2
3

Please specify if this company is a Trustee Company only OR Trading Company

☐

Trustee Company Only

☐

Trading Company (please complete the last page)

Company's Registered Address
(by default is Hamilton Reid)

Level 2, Suite 202, 689 Burke Road Camberwell, VIC 3124

Principal Company Address

**Please inform us if you want to change the registered address to your own

Do you want to create Trust as well

☐

Yes

☐

No

If Yes, please select the Trust type:

☐

Discretionary Trust

☐

Fixed Unit Trust

Proposed Name of Trust:

Officeholder (1) (please fill in all requested information)

Public Officer ☐ (please note Officeholder (1) is always reflected as the public Officer)

☐ Director

☐

Secretary

☐

Shareholder inc. number of shares

First Name

Middle Name (if any)

Surname

Former Name/s (if any)

Residential Address

Date of Birth (DD/MM/YYYY)

City of Birth

Country of Birth

Director ID

For the Shareholders (only)
Number of Share

Officeholder (2) (please fill in all requested information)

Public Officer ☐

☐ Director

☐

Secretary

☐

Shareholder inc. number of shares

First Name

Middle Name (if any)

Surname

Former Name/s (if any)

Residential Address

Date of Birth (DD/MM/YYYY)

City of Birth

Country of Birth

Director ID

For the Shareholders (only)
Number of Share

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Officeholder (3) (please fill in all requested information)

Public Officer ☐

☐ Director

☐ Secretary

☐ Shareholder inc. number of shares

First Name

Middle Name (if any)

Surname

Former Name/s (if any)

Residential Address

Date of Birth (DD/MM/YYYY)

City of Birth

Country of Birth

Director ID

For the Shareholders (only)
Number of Share

Officeholder (4) (please fill in all requested information)

Public Officer ☐

☐ Director

☐ Secretary

☐ Shareholder inc. number of shares

First Name

Middle Name (if any)

Surname

Former Name/s (if any)

Residential Address

Date of Birth (DD/MM/YYYY)

City of Birth

Country of Birth

Director ID

For the Shareholders (only)
Number of Share

Officeholder (5) (please fill in all requested information)

Public Officer ☐

☐ Director

☐ Secretary

☐ Shareholder inc. number of shares

First Name

Middle Name (if any)

Surname

Former Name/s (if any)

Residential Address

Date of Birth (DD/MM/YYYY)

City of Birth

Country of Birth

Director ID

For the Shareholders (only)
Number of Share

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Officeholder (6) (please fill in all requested information)

Public Officer ☐

☐ Director

☐ Secretary

☐ Shareholder inc. number of shares

First Name

Middle Name (if any)

Surname

Former Name/s (if any)

Residential Address

Date of Birth (DD/MM/YYYY)

City of Birth

Country of Birth

Director ID

For the Shareholders (only)
Number of Share

**Please note:

For the Officeholder(s), please send the following supporting documents:

- 1 Copy of valid Passport
- 2 Copy of valid drivers license, front and back

If Shares are to be held in a Company - please fill out all requested details below

	Company Shareholder	No. of Shares
Entity Name		
A.C.N		
Date of Incorporation		
Full Name of Director (1)		
Full Name of Director (2)		
Full Name of Director (3)		
Full Name of Director (4)		
Full Name of Director (5)		
Full Name of Director (6)		
Full Name of Secretary (1)		

If Shares are to be held in a TRUST – Please fill out all requested details below.

	Trust Shareholder	<input type="checkbox"/> Company	<input type="checkbox"/> Individual	No. of Shares
Trust Name				
Trustee Type				
Company A.C.N				
Full Name of Director (1)				
Full Name of Director (2)				
or, Trustee Type (Individual 1)				
or, Trustee Type (Individual 2)				

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TRADING COMPANY

REGISTRATION(S)

TFN

ABN

Type of Business category

Please refer to [Business structures and types-business.gov.au](https://business.gov.au/business-structures-and-types)

GST

☐

Monthly

☐

Quarterly

☐

Annual

TURNOVER

☐

75K+

☐

150K+

☐

2M+

ACCOUNTING METHOD

☐

Cash Basis

☐

Accrual basis