

Companies House  
74-76 Campbell St  
Sydney NSW 2010

www.incorporations.com.au

Corporate  
Network  
Ltd

abn : 79 079196768  
Ph : 1800 25 7123  
Fax : 1800 25 2905

cnl@incorporations.com.au

### Notes re our Sample set of ASIC and other Forms :

(1) Document sets differ according to the formation method used when registering the company. This sample set is based on **A Public Company** formed by the **CNL Formation** method.

- In "Founder Formation" the initial directors and shareholders are those nominated by our client - the "founder" may be a partner in the instructing firm or may be one or more of the instructing firms' clients. If the registration "founder" is a partner in our instructing client the default name for the initial share is a "Registration" share. If the "founder" is to be an ongoing director or shareholder in the company, the initial share is usually called a "Founder" share.
- In a "CNL Formation" the initial directors and shareholders are the nominees of CNL. In these instances the initial share is termed a "Registration" share.

The role of the registration "founder" is to facilitate the registration of the company without the instructing firm's clients having to be directly involved at that stage. Usually, after that role is completed, the registration "founder" retires from all roles in the company.

- (2) The attached sample Forms are based on a **CNL Formation** for a proprietary company.
- (3) The printed paper version of these documents is delivered in the usual manner, and the pdf version is also emailed to clients.
- (5) The purpose of the pdf format copy is :
- to assist clients to easily forward them on to their client; and
  - to provide clients with a convenient electronic record.

Yours faithfully,  
Corporate Network Ltd

CNL

INCORPORATIONS

CNL

Companies House  
74-76 Campbell St  
Sydney NSW 2010

www.incorporations.com.au

Corporate  
Network  
Ltd

abn : 79 079196768  
Ph : 1800 25 7123  
Fax : 1800 25 2905

cnl@incorporations.com.au

COMPANIES • TRUSTS • SUPERANNUATION FUNDS

Client Firm  
Level 10, Client Chambers, 100 Client Street,  
Sydney NSW 2000

1-5-2006

Your ref: The PARTNER / The CONTACT

**Company Incorporation details:**

name : SAMPLE CNL  
PUBLIC COMPANY  
LTD

date : registered by the ASIC on May 1st, 2006

acn : 123 456 789

**ASIC FORMS** : Attached are pdf copies of the forms lodged to date.

Yours faithfully,  
CORPORATE NETWORK LTD

SAMPLE



**LODGING PARTY :**

**CORPORATE NETWORK LTD**  
Companies House, 74-76 Campbell St.  
Sydney NSW 2010  
Ph: 02 9212 6399 Fax: 02 9281 1970  
email : office@incorporations.com.au  
ref: 1003 CNL FORMATION

- **SIGN & RETAIN THIS FORM**
- **DO NOT LODGE MANUALLY**
- **FORM WILL BE LODGED ELECTRONICALLY VIA EDGE**
- **EDGE TRACE: 10032010**

**ORIGINAL**

# Application for registration as an Australian company

## Form 201 — Corporations Act 2001

Use this form to apply to ASIC for registration of a company under the Corporations Act 2001.

**Related Forms**

- 208** - notification of details of shares allotted other than for cash
- 207Z** - certification of compliance with stamp duty law

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

<b>1 Make an application</b>	<p>I/We apply for registration of the company under the Corporations Act 2001, and nominate the State or Territory in which the company will be take to be registered</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 20px;">NSW</div> <p>Give State or Territory</p>												
<b>2 Provide details of the company</b>	<p><b>Does the company have a proposed company name ?</b></p> <p><input checked="" type="checkbox"/> yes</p> <p>if yes, the proposed company name is</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;">       SAMPLE CNL PUBLIC COMPANY     </div> <p>name reservation number (if any) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span></p> <p><input type="checkbox"/> no</p> <p>the company name on registration will be its Australian Company Number (ACN)</p> <p><b>Tick the legal elements to apply</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Pty.</td> <td><input type="checkbox"/> Ltd.</td> </tr> <tr> <td><input type="checkbox"/> Pty</td> <td><input checked="" type="checkbox"/> Ltd</td> </tr> <tr> <td><input type="checkbox"/> Proprietary</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td></td> <td><input type="checkbox"/> No Liability</td> </tr> <tr> <td></td> <td><input type="checkbox"/> NL</td> </tr> <tr> <td></td> <td><input type="checkbox"/> no legal elements (s.150 coys only)</td> </tr> </table>	<input type="checkbox"/> Pty.	<input type="checkbox"/> Ltd.	<input type="checkbox"/> Pty	<input checked="" type="checkbox"/> Ltd	<input type="checkbox"/> Proprietary	<input type="checkbox"/> Limited		<input type="checkbox"/> No Liability		<input type="checkbox"/> NL		<input type="checkbox"/> no legal elements (s.150 coys only)
<input type="checkbox"/> Pty.	<input type="checkbox"/> Ltd.												
<input type="checkbox"/> Pty	<input checked="" type="checkbox"/> Ltd												
<input type="checkbox"/> Proprietary	<input type="checkbox"/> Limited												
	<input type="checkbox"/> No Liability												
	<input type="checkbox"/> NL												
	<input type="checkbox"/> no legal elements (s.150 coys only)												

**Is the proposed name identical to a registered business name(s) ?**

yes (if yes, provide business name(s) registration details)

Business number	State/Territory of registration

no

I DECLARE that I make this application for the company name AS, or ON BEHALF of, and with the authority of the registered owner(s) of the above identical business name(s)

**Type and class of company**  
tick one box from each list

**Type of company**

proprietary company

public company

**Class of company**

limited by shares

unlimited with a share capital

limited by shares

limited by guarantee

unlimited with a share capital

no liability

**Governance of a public company** (tick one box only)

The company will rely entirely on replacable rules.

The company has a constitution.

**A proposed public company which has adopted a "Constitution" must lodge a copy of the constitution with this application.**

If the proposed company is to be a public company **limited by guarantee**, state the amount of the guarantee that each member agrees to in writing.

The amount of the member's guarantee is \$  (Insert amount)

**Registered office**  
You cannot use a PO Box address

At the office of, C/- (if applicable)

Office, unit, level and building name

Street number and Street name

Suburb / City

State / Territory

Postcode

Country (if not Australia)

	<p>Does the company occupy the premises ?</p> <p><input type="checkbox"/> yes</p> <p><input checked="" type="checkbox"/> no</p> <p>if no, name of occupier</p> <p><input type="text" value="Client Firm"/></p> <p><input checked="" type="checkbox"/> Occupier's consent (select box to indicate the statement below is correct)</p> <p>The occupier of the premises has consented in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent.</p>
<p><b>Office hours</b> for a public company</p>	<p><input checked="" type="checkbox"/> a. Registered office of a public company is open to the public each business day from at least 10 am to 12 noon and 2 pm to 4 pm.</p> <p><input type="checkbox"/> b. Registered office of a public company is open to the public each business day from at least 3 hours between 9 am and 5 pm.</p> <p>if b, insert hours open <input type="text" value="from"/> <input type="text" value="am/pm"/> <input type="text" value="close"/> <input type="text" value="from"/> <input type="text" value="am/pm"/></p>
<p><b>Principal place of business in Australia</b></p>	<p>if same as registered office, write "as above"</p> <p>Office, unit, level and building name</p> <p><input type="text" value="Suite 15"/> <input type="text" value="Business Centre"/></p> <p>Street number and Street name</p> <p><input type="text" value="100 Commercial Street"/></p> <p>Suburb / City <input type="text" value="Sydney"/> State / Territory <input type="text" value="NSW"/></p> <p>Postcode <input type="text" value="2000"/> Country (if not Australia) <input type="text"/></p>
<p><b>3 Identify ultimate holding company</b></p>	<p>Will the company have an ultimate holding company upon registration ?</p> <p><input type="checkbox"/> yes</p> <p>if yes, provide the following details of the ultimate holding company</p> <p>Company name</p> <p><input type="text"/></p> <p>ACN/ARBN/ABN <input type="text"/> Country of incorporation (if not Australia) <input type="text"/></p> <p><input checked="" type="checkbox"/> no</p>

4 Appoint officeholder(s)	give details below of the person(s) who have consented in writing to become a director/secretary of the company
Office(s) held: <input checked="" type="checkbox"/> Director <input type="checkbox"/> Secretary	Family name <input type="text" value="HOWE"/> Given names <input type="text" value="Maurice James"/> Former name <input type="text"/> Unit, floor, building name <input type="text"/> Street number and Street name <input type="text" value="354 Victoria Place"/> Suburb / City <input type="text" value="Drummoyne"/> State / Territory <input type="text" value="NSW"/> Postcode <input type="text" value="2047"/> Country (if not Australia) <input type="text"/> Date of birth (dd/mm/yy): <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="4"/> <input type="text" value="7"/> Place of birth (town/city) <input type="text" value="Sydney"/> Place of birth (state/country) <input type="text" value="NSW, Australia"/>
Office(s) held: <input checked="" type="checkbox"/> Director <input type="checkbox"/> Secretary	Family name <input type="text" value="HOWE"/> Given names <input type="text" value="Marea Ellen"/> Former name <input type="text"/> Unit, floor, building name <input type="text"/> Street number and Street name <input type="text" value="354 Victoria Place"/> Suburb / City <input type="text" value="Drummoyne"/> State / Territory <input type="text" value="NSW"/> Postcode <input type="text" value="2047"/> Country (if not Australia) <input type="text"/> Date of birth (dd/mm/yy): <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="5"/> <input type="text" value="0"/> Place of birth (town/city) <input type="text" value="Darwin"/> Place of birth (state/country) <input type="text" value="NT, Australia"/>
Office(s) held: <input checked="" type="checkbox"/> Director <input type="checkbox"/> Secretary	Family name <input type="text" value="HOWE"/> Given names <input type="text" value="David John"/> Former name <input type="text"/> Unit, floor, building name <input type="text"/> Street number and Street name <input type="text" value="354 Victoria Place"/> Suburb / City <input type="text" value="Drummoyne"/> State / Territory <input type="text" value="NSW"/> Postcode <input type="text" value="2047"/> Country (if not Australia) <input type="text"/> Date of birth (dd/mm/yy): <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="8"/> <input type="text" value="2"/> Place of birth (town/city) <input type="text" value="Sydney"/> Place of birth (state/country) <input type="text" value="NSW, Australia"/>



**5 Details of members**

Use this section to notify the name and address of each person who consents to become a member. If shares are jointly owned, provide names and addresses of all joint-owners on a separate sheet, clearly indicating the share class and with whom the shares are jointly owned.

**Member details and shareholding**  
Please indicate the member's name, address and shareholding (if applicable)

Family name  
  
 Given names

**OR**

Company name  
  
 ACN/ARBN/ABN

At the office of, C/- (if applicable)

Office, unit, level, or PO Box number

Street number and Street name

Suburb / City  
 State / Territory


Postcode  
 Country (if not Australia)

In the following table give:

- the class and number of shares the above member has agreed in writing to take up; and
- the amount the member has agreed in writing to pay for each share, or if the amount is not paid in full on registration, the amount the member has agreed in writing to be unpaid on the share

share class code	number of shares taken up	Amount agreed to pay per share	Total \$ paid on these shares	Amount unpaid per share	Total \$ unpaid on these shares	fully paid (y/n)	Beneficially held (y/n)
REGR	1	\$ 1-00	\$ 1-00	\$ 0-00	\$ 0-00	YES	NO

**the above shares are Jointly-Owned**  
 details of the joint-owners are set out in the Joint-Owners Attachment to this sheet

<b>Declaration by applicant</b>	<p>I/we apply for registration of a company on the basis of the information in this form and any attachments. I/we have the necessary written consents and agreements referred to to the application concerning the members and officeholders and I/we shall give the consents and agreements to the company after the company becomes registered. The information provided in this application and in any annexures is true and correct at the time of signing.</p>
<b>Signature of applicant</b> provide family and given names OR corporation name (include ACN/ARBN) (if applicable)	<p><b>Name of applicant</b>  <input type="text" value="The PARTNER"/></p> <p>Capacity of applicant: <input checked="" type="checkbox"/> Natural person      <input type="checkbox"/> Officeholder of corporation</p> <p>Signature of applicant: </p> <p>Date signed (dd/mm/yy): <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="6"/></p> <p><b>Address of Applicant:</b></p> <p>Office, suite, level, building  <input type="text" value="Level 10 , Client Chambers"/></p> <p>Street number and Street name  <input type="text" value="100 Client Street"/></p> <p>Suburb / City      State / Territory      Postcode  <input type="text" value="Sydney"/>      <input type="text" value="NSW"/>      <input type="text" value="2000"/></p> <p><b>Name of agent</b> (if an agent has signed on behalf of the applicant, show name below):  <input type="text" value="Marea Ellen HOWE (Director of Corporate Network Ltd, Agent for the Applicant)"/></p>
<b>Lodging party details</b>	<p>ASIC registered agent name  <input type="text"/></p> <p>ASIC registered agent number  <input type="text"/></p> <p><b>if there is a query regarding this form, ASIC should contact:</b> (one of the following)  <input type="checkbox"/> Signatory above      <input type="checkbox"/> ASIC registered agent above      <input checked="" type="checkbox"/> Lodging party</p> <p><b>Name of lodging party</b>  <input type="text" value="CORPORATE NETWORK LTD"/></p> <p>Office, unit, level or PO Box number  <input type="text" value="Companies House"/></p> <p>Street number and Street name  <input type="text" value="74-76 Campbell Street"/></p> <p>Suburb / City      State / Territory  <input type="text" value="Sydney"/>      <input type="text" value="NSW"/></p> <p>Postcode      Country (if not Australia)  <input type="text" value="2010"/>      <input type="text"/></p> <p>DX Number      DX City/Suburb  <input type="text"/>      <input type="text"/></p> <p>Telephone Number  <input type="text" value="02 9212 6399"/></p>

CONSENT RE REGISTERED OFFICE

COMPANY: SAMPLE CNL PUBLIC COMPANY LTD

ACN: 123 456 789

To: Australian Securities & Investments Commission

Re Premises at: Level 10, Client Chambers, 100 Client Street,  
Sydney NSW 2000

I/We, Client Firm

being the occupier(s) of the above premises, hereby consent to those premises being specified as the address of the Registered Office of the following company:

name of company: SAMPLE CNL

PUBLIC COMPANY

LTD

ACN of company: 123 456 789

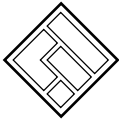
Signature of Occupier:

Date Consent Given: May 1st, 2006

NOTE: The above Consent does not have to be lodged with the ASIC.

However, the Corporations Act provides that the ASIC may require production of this consent at any time.

Accordingly, this Consent should be retained by the company.



**ASIC**

Australian Securities & Investments Commission

**LODGING PARTY :**

**CORPORATE NETWORK LTD**  
Companies House, 74-76 Campbell St.  
Sydney NSW 2010  
Ph: 02 9212 6399 Fax: 02 9281 1970  
email : office@incorporations.com.au  
ref: 1003



# Change to company details

## Form 484 — Corporations Act 2001

### Section B

Section B may be lodged independently if no changes are to be notified via Sections A or C.

Use this form to notify ASIC of:

- B1 **Appoint company officeholder**
- B2 **Cease company officeholder**
- B3 **Change to special purpose company status**

**Related Forms**

- 484 A** - change of address, name (officeholders or members), details (ultimate holding company)
- 484 C** - issue/cancel shares, change share structure and members' register

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

<b>Company details</b>	<b>Company name</b>	SAMPLE CNL PUBLIC COMPANY LTD	
	<b>ACN/ARBN/ABN:</b>	123 456 789	<b>Corporate Key:</b>

**B1 Appoint company officeholder**

Use this section to notify appointment of a company officeholder.  
You need to notify details separately for each new officeholder.

**Role of appointed officeholder**  
(select one or more boxes)

Director       Secretary       Alternate Director

**Date of appointment**

(dd/mm/yy) :   /   /

**Name**

The name of the appointed officeholder is (provide full given names, not initials)

Family name

Given names

Place of birth (town/city)

Date of Birth (dd/mm/yy) :   /   /

**Former name**  
(eg change by deed poll, marriage)

Their previous name was (provide full given names, not initials)

Family name

Given names

**Residential address**

The residential address of the appointed officeholder is

Unit, floor

Building

Street number and Street name

Suburb / City

State / Territory

Postcode

Country (if not Australia)

**If an 'Alternate director', for whom**

Note:

Where an Alternate director is appointed, please attach the terms of appointment to this change form. (refer to the guide for annexure requirements)

The appointed 'Alternate director' is alternate for

(person alternate for)

Family name

Given names

Expiry date (if applicable) (dd/mm/yy) :   /   /

Has the role been extended ? (select one box)

Yes

No

**B1 Appoint another company officeholder**

Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder.

**Role of appointed officeholder**  
(select one or more boxes)

Director       Secretary       Alternate Director

**Date of appointment**

(dd/mm/yy) :   /   /

**Name**

The name of the appointed officeholder is (provide full given names, not initials)

Family name

TWO

Given names

Director

Place of birth (town/city)

Sydney

(state/country)

NSW, Australia

Date of Birth (dd/mm/yy) :

/   /

**Former name**  
(eg change by deed poll, marriage)

Their previous name was (provide full given names, not initials)

Family name

Given names

**Residential address**

The residential address of the appointed officeholder is

Unit, floor

Building

Street number and Street name

200 Home Street

Suburb / City

Sydney

State / Territory

NSW

Postcode

2000

Country (if not Australia)

**If an 'Alternate director', for whom**

Note:

Where an Alternate director is appointed, please attach the terms of appointment to this change form. (refer to the guide for annexure requirements)

The appointed 'Alternate director' is alternate for

(person alternate for)

Family name

Given names

Expiry date (if applicable) (dd/mm/yy) :

/   /

Has the role been extended ? (select one box)

Yes

No

**B2 Cease company officeholder**

Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder.

**Role of ceased officeholder**  
(select one or more boxes)

- Director  
 Secretary  
 Alternate Director

Person alternate for

**Date officeholder ceased**

(dd/mm/yy) :   /   /

**Name**

The name of the ceased officeholder is

Family name

Given names

Place of birth (town/city)

(state/country)

Date of Birth (dd/mm/yy) :   /   /

**B2 Cease another company officeholder**

**Role of ceased officeholder**  
(select one or more boxes)

- Director  
 Secretary  
 Alternate Director

Person alternate for

**Date officeholder ceased**

(dd/mm/yy) :   /   /

**Name**

The name of the ceased officeholder is

Family name

Given names

Place of birth (town/city)

(state/country)

Date of Birth (dd/mm/yy) :   /   /

**B2 Cease another company officeholder**

Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder.

**Role of ceased officeholder**  
(select one or more boxes)

- Director
- Secretary
- Alternate Director

Person alternate for

**Date officeholder ceased**

(dd/mm/yy) :   /   /

**Name**

The name of the ceased officeholder is

Family name

Given names

Place of birth (town/city)

(state/country)

Date of Birth (dd/mm/yy) :

/   /

**B2 Cease another company officeholder**

**Role of ceased officeholder**  
(select one or more boxes)

- Director
- Secretary
- Alternate Director

Person alternate for

**Date officeholder ceased**

(dd/mm/yy) :   /   /

**Name**

The name of the ceased officeholder is

Family name

Given names

Place of birth (town/city)

(state/country)

Date of Birth (dd/mm/yy) :

/   /

**B3 Change to special purpose company status**

Use this section to notify if the company has commenced or ceased status as one of the special purpose company designations below.

Note : If you indicate that your company has commenced status as one of the special purpose company designations listed below, ASIC will send a declaration for you to complete and return. Special purpose company designations are defined under Regulation 2A of the Corporations (Fees) Regulations.

**The change is**

< Commence

Home unit company

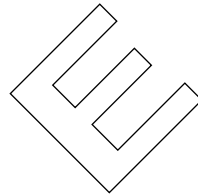
Superannuation trustee company

For charitable purposes only

Cease

Date of change (dd/mm/yy) :  /  /

SAMPLE



**Signature**

this form must be signed by  
a current officeholder  
of the company

I certify that the information in this form is true and complete

Name

Maurice James HOWE

Capacity:  Director  Company Secretary

Signature:

Date signed (dd/mm/yy): 01 / 05 / 06

**Lodging party details**

Please notify the registered agent details (if applicable)  
and to whom queries about this form should be directed

**Registered agent details**

If this form is being lodged  
by an ASIC registered agent,  
please complete agent name  
and number

ASIC registered agent name

ASIC registered agent number

**Queries about this form**

if there is a query regarding this form, ASIC should contact: (one of the following)

Signatory above  ASIC registered agent above  Lodging party

**Name of lodging party**

CORPORATE NETWORK LTD

Office, unit, level, or PO Box number

Building

Companies House

Street number and Street name

74-76 Campbell Street

Suburb / City

Sydney

State / Territory

NSW

Postcode

2010

Country (if not Australia)

DX Number

DX City/Suburb

Telephone Number

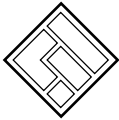
02 9212 6399

**Mail**

Send completed and signed forms to:  
Australian Securities and Investments Commission,  
PO Box 4000, Gippsland Mail Centre VIC 3841

**For help or more information**

Telephone 03 5177 3988  
Email info.enquiries@asic.gov.au  
Web www.asic.gov.au/easylodge



**ASIC**

Australian Securities & Investments Commission

**LODGING PARTY :**

**CORPORATE NETWORK LTD**  
Companies House, 74-76 Campbell St.  
Sydney NSW 2010  
Ph: 02 9212 6399 Fax: 02 9281 1970  
email : office@incorporations.com.au  
ref: 1003



# Change to company details

## Form 484 — Corporations Act 2001

### Section C

Section C may be lodged independently if no changes are to be notified via Sections A or B.

Use this form to notify ASIC of:

- C1 **Change to share structure table**
- C2 **Issue of shares**
- C3 **Cancellation of shares**
- C4 **Changes to members' register**

**Related Forms**

- 484 A** - change of address, name (officeholders or members), details (ultimate holding company)
- 484 B** - appoint/cease officeholder, change special purpose company status

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

<b>Company details</b>	<p><b>Company name</b></p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> SAMPLE CNL PUBLIC COMPANY LTD </div> <p><b>ACN/ARBN/ABN:</b> <span style="border: 1px solid black; padding: 2px 20px;">123 456 789</span></p> <p><b>Corporate Key:</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Is this document being lodged to update the Annual Company Statement that was sent to you?    <input type="checkbox"/> yes    <input checked="" type="checkbox"/> no</p>			
<b>Section C completion guide</b>	<b>share class code</b>	<b>full title</b>	<b>share class code</b>	<b>full title</b>
<p><b>Standard share codes</b></p> <p>Refer to the following table for the share class codes for sections C1, C2, C3 and C4</p>	A B EMP FOU LG MAN ORD RED SPE	A B .. etc employee's founder's life governor's management ordinary redeemable special	PRF CUMP NCP REDP NRP CRP NCRP PARP	preference cumulative preference non-cumulative preference redeemable preference non-redeemable preference cumulative redeemable preference non-cumulative redeemable preference participative preference
<p>If you are using the standard share class codes you do not need to provide a full title for the shares.</p> <p>If you are not using the standard share class code, enter a code of no more than 4 letters and then show the full title.</p>				

**Sections to complete**

Use the table below to identify the sections of this form to complete (indicate the sections that have been completed)

**Completion of this table is optional**

	<b>C1 change to share structure table</b>	<b>C2 issue of shares</b>	<b>C3 cancellation of shares</b>	<b>C4 change to member register</b>
<b>Issue of shares</b>				
<input type="checkbox"/> Proprietary company	√	√	not required	√
Public company				
<input type="checkbox"/> if in response to the Annual Company Statement	√	√	not required	√
<input checked="" type="checkbox"/> if not in response to the Annual Company Statement	not required	√	not required	not required
<b>Cancellation of shares</b>				
<input type="checkbox"/> Proprietary company	√	not required	√	√
Public company				
<input type="checkbox"/> if in response to the Annual Company Statement	√	not required	√	√
<input checked="" type="checkbox"/> if not in response to the Annual Company Statement	not required	not required	√	not required
<b>Transfer of shares</b>				
<input type="checkbox"/> Proprietary company	not required	not required	not required	√
Public company				
<input type="checkbox"/> if in response to the Annual Company Statement	not required	not required	not required	√
<input type="checkbox"/> if not in response to the Annual Company Statement	not required	not required	not required	not required
<b>Changes to amounts paid</b>				
<input type="checkbox"/> Proprietary company	√	not required	not required	√
Public company				
<input type="checkbox"/> if in response to the Annual Company Statement	√	not required	not required	√
<input type="checkbox"/> if not in response to the Annual Company Statement	not required	not required	not required	not required
<b>Changes to beneficial ownership</b>				
<input type="checkbox"/> Proprietary company	not required	not required	not required	√
Public company				
<input type="checkbox"/> if in response to the Annual Company Statement	not required	not required	not required	√
<input type="checkbox"/> if not in response to the Annual Company Statement	not required	not required	not required	not required

To notify ASIC about a division or conversion of a class of shares, you must lodge a form 211

To notify ASIC about a conversion of shares into larger or smaller numbers, you must lodge a form 2205

**C1 Change to share structure table**

Where the share class has changed (eg. as a result of the issue or cancellation of shares ), show the updated details for this share class in the table below. Details of share classes that have not changed are not required here

share class code	full title if not standard	total number issued	total amount paid on these shares	total amount unpaid on these shares
ORD	ORDINARY	200	\$ 200-00	\$ 0-00
REGR	REGISTRATION	0	\$ 0-00	\$ 0-00

Earliest date of change:

Indicate the earliest date that any of the above changes occurred (dd/mm/yy):   /   /

**C2 Issue of shares**

List details of new share issues in the following table:

share class code	number of shares issued	amount paid per share	amount unpaid per share
ORD	100	\$ 1-00	\$ 0-00
ORD	100	\$ 1-00	\$ 0-00

Earliest date of change:

Indicate the earliest date that any of the above changes occurred (dd/mm/yy):   /   /

If shares were issued for other than cash, were some or all of the shares issued under a written contract ?

- Yes** (If yes, proprietary companies must also lodge a Form 207Z certifying that all stamp duties have been paid.) (Public companies must also lodge a Form 207Z and either a Form 208 or a copy of the contract.)
- No** (If no, proprietary companies are not required to provide any further documents with this form.) (Public companies must also lodge a Form 208.)

**C3 Cancellation of shares**

**Reason for cancellation**

Indicate the reason that shares have been cancelled (select one or more boxes)

Redeemable preference shares (S.254J):

- Redeemed out of profits
- Redeemed out of proceeds of a fresh issue of shares

Capital reduction (S.256A - S.256E):

- Single shareholder company
- Multiple shareholder company. A form 2560 must be lodged before a capital reduction takes place.

Share buy-back (ss.257H(3))

- Minimum holding buy-back only
- Other buy-back type. A form 280 or 281 must be lodged at least 14 days, and no more than 1 year before the buy-back can take place.

Forfeited shares (S.258D)

Shares returned to a public company (ss.258E(2)&(3))

- Under section 651C, 724(2), 737 or 738
- Under section 1325A (court order)

Other

Description

Give section reference

**Details of cancelled shares**

List the details of shares cancelled in the following table

share class code	number of shares cancelled	amount paid (cash or otherwise)
REGR	1	\$ 1-00

**Earliest date of change:**

Indicate the earliest date that any of the above changes occurred

(dd/mm/yy):   /   /

**C4 Changes to the register of members**

Use this section to notify changes to the register of members for your company (changes to the shareholdings of members):

- if there are 20 members or less in a share class, all changes need to be notified
- if there are more than 20 members in a share class, only changes to the top 20 need to be notified (s178B).
- if shares are jointly owned, provide names and addresses of joint-owners on a separate sheet, indicating the share class and with whom shares are jointly owned.

**The changes apply to:**  
Please indicate the name and address of the member whose shareholding has changed

Family name  
 Given names

or  
 Company name  
 SUBSCRIBER 1  
 PTY. LIMITED

ACN/ARBN/ABN: 055 963 150

At the office of, C/- (if applicable)

Office, unit, level, or PO Box number Building  
 Companies House

Street number and Street name  
 74-76 Campbell Street

Suburb / City State / Territory  
 Sydney NSW

Postcode Country (if not Australia)  
 2000

**The changes are:**

share class code	shares increased by (number)	shares decreased by (number)	number now held	total \$ paid on these shares	total \$ unpaid on these shares	fully paid (y/n)	beneficially held (y/n)	top 20 member (y/n)
REGR	0	1	0	0-00	0-00	YES	NO	NO

**Earliest date of change:**

Indicate the earliest date that any of the above changes occurred (dd/mm/yy): 01 / 05 / 06

**Date of entry of member's name in register:**

(new members only) (dd/mm/yy):    /    /   

the above shares are Jointly-Owned  
 details of the joint-owners are set out in the Joint-Owners Attachment to this sheet

**C4 Further Changes to the register of members**

Use this section to notify changes to the register of members for your company (changes to the shareholdings of members):

- if there are 20 members or less in a share class, all changes need to be notified
- if there are more than 20 members in a share class, only changes to the top 20 need to be notified (s178B).
- if shares are jointly owned, provide names and addresses of joint-owners on a separate sheet, indicating the share class and with whom shares are jointly owned.

**The changes apply to:**  
Please indicate the name and address of the member whose shareholding has changed

Family name  
 Given names

or  
 Company name  
 Director One Holdings Pty Ltd  
 ACN/ARBN/ABN: 000 000 000

At the office of, C/- (if applicable)  
 Director ONE

Office, unit, level, or PO Box number Building

Street number and Street name  
 100 Home Street

Suburb / City State / Territory  
 Sydney NSW

Postcode Country (if not Australia)  
 2000

**The changes are:**

share class code	shares increased by (number)	shares decreased by (number)	number now held	total \$ paid on these shares	total \$ unpaid on these shares	fully paid (y/n)	beneficially held (y/n)	top 20 member (y/n)
ORD								

**Earliest date of change:**

Indicate the earliest date that any of the above changes occurred

(dd/mm/yy): 01 / 05 / 06

**Date of entry of member's name in register:**

(new members only)

(dd/mm/yy): 01 / 05 / 06

the above shares are Jointly-Owned  
 details of the joint-owners are set out in the Joint-Owners Attachment to this sheet

**C4 Further Changes to the register of members**

Use this section to notify changes to the register of members for your company (changes to the shareholdings of members):

- if there are 20 members or less in a share class, all changes need to be notified
- if there are more than 20 members in a share class, only changes to the top 20 need to be notified (s178B).
- if shares are jointly owned, provide names and addresses of joint-owners on a separate sheet, indicating the share class and with whom shares are jointly owned.

**The changes apply to:**  
Please indicate the name and address of the member whose shareholding has changed

Family name  
 Given names

or  
 Company name  
 Director Two Holdings Pty Ltd  
 ACN/ARBN/ABN: 000 000 000

At the office of, C/- (if applicable)  
 Director TWO

Office, unit, level, or PO Box number Building

Street number and Street name  
 200 Home Street

Suburb / City State / Territory  
 Sydney NSW

Postcode Country (if not Australia)  
 2000

**The changes are:**

share class code	shares increased by (number)	shares decreased by (number)	number now held	total \$ paid on these shares	total \$ unpaid on these shares	fully paid (y/n)	beneficially held (y/n)	top 20 member (y/n)
ORD								

**Earliest date of change:**

Indicate the earliest date that any of the above changes occurred

(dd/mm/yy): 01 / 05 / 06

**Date of entry of member's name in register:**

(new members only)

(dd/mm/yy): 01 / 05 / 06

the above shares are Jointly-Owned  
 details of the joint-owners are set out in the Joint-Owners Attachment to this sheet

**Signature**

this form must be signed by  
a current officeholder  
of the company

I certify that the information in this form is true and complete

Name

Maurice James HOWE

Capacity:  Director  Company Secretary

Signature:

Date signed (dd/mm/yy): 01 / 05 / 06

**Lodging party details**

Please notify the registered agent details (if applicable)  
and to whom queries about this form should be directed

**Registered agent details**

If this form is being lodged  
by an ASIC registered agent,  
please complete agent name  
and number

ASIC registered agent name

ASIC registered agent number

**Queries about this form**

if there is a query regarding this form, ASIC should contact: (one of the following)

Signatory above  ASIC registered agent above  Lodging party

**Name of lodging party**

CORPORATE NETWORK LTD

Office, unit, level, or PO Box number

Building

Companies House

Street number and Street name

74-76 Campbell Street

Suburb / City

Sydney

State / Territory

NSW

Postcode

2010

Country (if not Australia)

DX Number

DX City/Suburb

Telephone Number

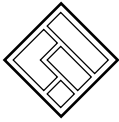
02 9212 6399

**Mail**

Send completed and signed forms to:  
Australian Securities and Investments Commission,  
PO Box 4000, Gippsland Mail Centre VIC 3841

**For help or more information**

Telephone 03 5177 3988  
Email info.enquiries@asic.gov.au  
Web www.asic.gov.au/easylodge



**ASIC**

Australian Securities & Investments Commission

**LODGING PARTY :**

**CORPORATE NETWORK LTD**  
Companies House, 74-76 Campbell St.  
Sydney NSW 2010  
Ph: 02 9212 6399 Fax: 02 9281 1970  
email : office@incorporations.com.au  
ref: 1003



# Change to company details

## Form 484 — Corporations Act 2001

### Section B

Section B may be lodged independently if no changes are to be notified via Sections A or C.

Use this form to notify ASIC of:

- B1 **Appoint company officeholder**
- B2 **Cease company officeholder**
- B3 **Change to special purpose company status**

**Related Forms**

- 484 A** - change of address, name (officeholders or members), details (ultimate holding company)
- 484 C** - issue/cancel shares, change share structure and members' register

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

<b>Company details</b>	<b>Company name</b>	SAMPLE CNL PUBLIC COMPANY LTD	
	<b>ACN/ARBN/ABN:</b>	123 456 789	<b>Corporate Key:</b>

**B1 Appoint company officeholder**

Use this section to notify appointment of a company officeholder.  
You need to notify details separately for each new officeholder.

**Role of appointed officeholder**  
(select one or more boxes)

Director       Secretary       Alternate Director

**Date of appointment**

(dd/mm/yy) :   /   /

**Name**

The name of the appointed officeholder is (provide full given names, not initials)

Family name

Given names

Place of birth (town/city)

(state/country)

Date of Birth (dd/mm/yy) :   /   /

**Former name**  
(eg change by)  
(deed poll, marriage)

Their previous name was (provide full given names, not initials)

Family name

Given names

**Residential address**

The residential address of the appointed officeholder is

Unit, floor

Building

Street number and Street name

Suburb / City

State / Territory

Postcode

Country (if not Australia)

**If an 'Alternate director', for whom**

Note:

Where an Alternate director is appointed, please attach the terms of appointment to this change form. (refer to the guide for annexure requirements)

The appointed 'Alternate director' is alternate for (person alternate for)

Family name

Given names

Expiry date (if applicable) (dd/mm/yy) :   /   /

Has the role been extended ? (select one box)

Yes

No

**B2 Cease company officeholder**

Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder.

**Role of ceased officeholder**  
(select one or more boxes)

- Director
- Secretary
- Alternate Director

Person alternate for

**Date officeholder ceased**

(dd/mm/yy) :   /   /

**Name**

The name of the ceased officeholder is

Family name

Given names

Place of birth (town/city)

(state/country)

Date of Birth (dd/mm/yy) :   /   /

**B2 Cease another company officeholder**

**Role of ceased officeholder**  
(select one or more boxes)

- Director
- Secretary
- Alternate Director

Person alternate for

**Date officeholder ceased**

(dd/mm/yy) :   /   /

**Name**

The name of the ceased officeholder is

Family name

Given names

Place of birth (town/city)

(state/country)

Date of Birth (dd/mm/yy) :   /   /

**B3 Change to special purpose company status**

Use this section to notify if the company has commenced or ceased status as one of the special purpose company designations below.

Note : If you indicate that your company has commenced status as one of the special purpose company designations listed below, ASIC will send a declaration for you to complete and return. Special purpose company designations are defined under Regulation 2A of the Corporations (Fees) Regulations.

**The change is**

< Commence

Home unit company

Superannuation trustee company

For charitable purposes only

Cease

Date of change (dd/mm/yy) :  /  /

SAMPLE

**Signature**

this form must be signed by  
a current officeholder  
of the company

I certify that the information in this form is true and complete

Name

Director TWO

Capacity:  Director  Company Secretary

Signature:

Date signed (dd/mm/yy): 01 / 05 / 06

**Lodging party details**

Please notify the registered agent details (if applicable)  
and to whom queries about this form should be directed

**Registered agent details**

If this form is being lodged  
by an ASIC registered agent,  
please complete agent name  
and number

ASIC registered agent name

ASIC registered agent number

**Queries about this form**

**if there is a query regarding this form, ASIC should contact:** (one of the following)

Signatory above  ASIC registered agent above  Lodging party

**Name of lodging party**

CORPORATE NETWORK LTD

Office, unit, level, or PO Box number

Building

Companies House

Street number and Street name

74-76 Campbell Street

Suburb / City

Sydney

State / Territory

NSW

Postcode

2010

Country (if not Australia)

DX Number

DX City/Suburb

Telephone Number

02 9212 6399

**Mail**

Send completed and signed forms to:  
Australian Securities and Investments Commission,  
PO Box 4000, Gippsland Mail Centre VIC 3841

**For help or more information**

Telephone 03 5177 3988  
Email info.enquiries@asic.gov.au  
Web www.asic.gov.au/easylodge

NOTICE OF APPOINTMENT OF PUBLIC OFFICER

To The Deputy Commissioner of Taxation:

TAKE NOTICE that pursuant to and for the purpose of the Income Tax Assessment Act

name of duly appointed Public Officer Director TWO

whose signature appears hereunder in the specimen signature box has been duly appointed Public Officer of (name of company) SAMPLE CNL

PUBLIC COMPANY LTD

(ACN of company) 123 456 789

whose Registered Office is situated at: C/- (if applicable) Client Firm

suite/floor Level 10 building: Client Chambers

street no. & name 100 Client Street suburb/city: Sydney

state NSW postcode: 2000

usual occupier (if applicable) Client Firm

and

that the address for service of notices

if not the Registered Office

is: C/- (if applicable)

suite/floor building:

street no. & name suburb/city:

state postcode:

Signature of a Director: Dated (d/m/y):

Name of Director:

SPECIMEN SIGNATURE OF PUBLIC OFFICER:



**Form 362**

Corporations Act 2001

**Notification of appointment or cessation of a registered agent by a company**

This form may be used by companies to appoint a registered agent within Australia to act for them, or cease such an appointment.

<p><b>Company details</b></p>	<p>Company name</p> <p>SAMPLE CNL PUBLIC COMPANY LTD</p> <p>ACN/ARBN/ABN: 123 456 789</p> <p>Corporate Key:</p>
<p><b>Lodgement details</b></p> <p>Who should ASIC contact if there is a query about this form ?</p>	<p>Name</p> <p>ASIC registered agent number (if applicable)</p> <p>Telephone No.</p> <p>Office, unit, level, or PO Box number</p> <p>Building</p> <p>Street number and Street name</p> <p>Suburb / City</p> <p>State / Territory</p> <p>Postcode</p>
<p><b>1 Appointment of a registered agent</b></p> <p><b>New appointment</b></p> <p>Postal address</p>	<p>By appointing an agent, you are authorising ASIC to provide correspondence and details relating to your company, to your agent or their nominee. This includes invoice statements, annual review documentation and other correspondence.</p> <p>ASIC registered agent name</p> <p>ASIC registered agent number</p> <p>At the office of, C/- (if applicable)</p> <p>Office, unit, level, or PO Box number</p> <p>Building</p> <p>Street number and Street name</p> <p>Suburb / City</p> <p>State / Territory</p> <p>Postcode</p>

**2 Cessation of a registered agent**

Postal address

ASIC registered agent name

ASIC registered agent number

At the office of, C/- (if applicable)

Office, unit, level, or PO Box number

Building

Street number and Street name

Suburb / City

State / Territory

Postcode

**Signature**

this form must be signed by a **current officeholder** of the company

I certify that the information in this form is true and complete

Name

Capacity:  Director

Company Secretary

Signature:

Date signed (dd/mm/yy):

**Mail**

Send completed and signed forms to:  
Australian Securities and Investments Commission  
PO Box 4000, Gippsland Mail Centre VIC 3841

**For help or more information**

Telephone 03 5177 3988  
Email info.enquiries@asic.gov.au  
Web www.asic.gov.au