

CNL

INCORPORATIONS

CNL

Suite 601, Level 6
2-12 Foveaux Street
Surry Hills NSW 2010
www.incorporations.com.au

CORPORATE
NETWORK
LTD

abn : 79 079196768
Ph : 02 9212 6399
Fax : 02 9281 1970
cnl@incorporations.com.au

LIMITED BY GUARANTEE COMPANY INSTRUCTION FORM

PART 1

COMPLETION NOTES: TO AVOID HANDWRITING INTERPRETATION ERRORS, PLEASE TYPE OR PRINT

FROM:	DATE	FIRM
	ABN	ACN
	DESCRIPTION	(Accountants/Solicitors/etc)
	PARTNER	CONTACT
	SUITE/FL	BUILDING
	STREET NO. & NAME	SUBURB/CITY
	STATE	POSTCODE
	PHONE	FAX
	EMAIL	

I/WE ADVISE WE ACCEPT RESPONSIBILITY FOR PAYMENT OF YOUR CURRENT FEES;
CORPORATE NETWORK AND, HAVE READ AND AGREE TO THE TERMS AND CONDITIONS.
LTD THAT: ACCEPT

INCORPORATION TYPE: LIMITED BY GUARANTEE PAPER \$803

NAME: 1st PREFERENCE _____
2nd PREFERENCE NAME _____
SUFFIX (DEFAULT BOLD) LTD LIMITED
LEGAL JURISDICTION (DEFAULT = REGD OFFICE STATE)

REGD OFFICE: C/- (IF APPLICABLE) _____
SUITE/FL _____ BUILDING _____
STREET NO. & NAME _____ SUBURB/CITY _____
STATE _____ POSTCODE _____

BUSINESS ADDRESS: (DEFAULT = SAME AS REGD OFFICE) _____
SUITE/FL _____ BUILDING _____
STREET NO. & NAME _____ SUBURB/CITY _____
STATE _____ POSTCODE _____

EXTRAS: BANK _____ BRANCH _____
BANK A/C SIGS _____ JOINT/SINGLE _____
AUDITORS _____

CONSTITUTION: (NOTE: STD CNL CONSTITUTION OR CAN BE TAILORED TO SUIT.)

IS THE COMPANY TO TAKE OVER AN EXISTING ASSOCIATION (Y/N)

COMPANY NAME

GUARANTEE AMOUNT PER MEMBER (DEF \$50) \$

MAXIMUM NUMBER OF DIRECTORS

QUORUM AT MEETING OF MEMBERS % OR NUMBER (DEFAULT 51%)

DUE DATE FOR PAYMENT OF ANNUAL SUBSCRIPTIONS (DEFAULT = JULY 1 EACH YEAR)

SPECIAL PROVISIONS TO BE ADDED TO THE CONSTITUTION (ATTACHED DETAILS IF ANY) Y/N

PRINCIPAL OBJECTS - NOTE: SET OUT AS IT IS INTENDED TO BE TYPED

GUARANTEE MEMBERSHIP CLASSES - NOTE: THESE CLASSES GIVE A GUARANTEE, AND HAVE VOTING RIGHTS

CLASS NAME (DEFAULT NAME = GUARANTEE MEMBERS)	JOINING FEE (DEFAULT = \$0.00)	ANNUAL SUBSCRIPTION (DEFAULT=\$0.00)	VOTES PER MEMBER (DEFAULT = 1)

ASSOCIATE MEMBERSHIP CLASSES - NOTE: DO NOT GIVE A GUARANTEE, AND USUALLY HAVE NO VOTING RIGHTS

CLASS NAME (DEFAULT NAME = ASSOCIATE MEMBERS)	JOINING FEE (DEFAULT = \$0.00)	ANNUAL SUBSCRIPTION (DEFAULT=\$0.00)	VOTES PER MEMBER (DEFAULT = NIL)

ADDITIONAL CLASS RULES - IF REQUIRED, ARE DETAILS ATTACHED (Y/N) (DEFAULT = NO)

NOTE 1: SET OUT RULES AS INTENDED TO BE TYPED-WE WILL USE YOUR WORDS

NOTE: DEFAULT MEMBERSHIP TYPE = GUARANTEE & DEFAULT MEMBERSHIP CLASS = GUARANTEE

COMPANY NAME:

NAME GIVEN NAMES: _____
 SURNAME: _____ ACN (IF A COY): _____
 FORMER NAME(S): _____
 UNIT/SUITE/FL: _____ BUILDING: _____
 STREET: _____ SUBURB/CITY: _____
 STATE: _____ POSTCODE: _____ COUNTRY: _____
 D.O.B: CITY: _____ STATE: _____ COUNTRY: _____
 DIRECTOR SECRETARY PUBLIC OFFICER
 MEMBERSHIP TYPE GUARANTEE ASSOCIATE
 MEMBERSHIP CLASS (NAME) _____

NAME GIVEN NAMES: _____
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FOLLOWING PAGES:

DETAILS OF MORE MEMBERS ARE ATTACHED

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	SURNAME:	_____	ACN (IF A COY): _____
FORMER NAME(S): _____			
	UNIT/SUITE/FL:	BUILDING: _____	
	STREET:	SUBURB/CITY: _____	
	STATE:	POSTCODE: _____	COUNTRY: _____
D.O.B:	CITY:	STATE: _____	COUNTRY: _____
	<input type="checkbox"/> DIRECTOR <input type="checkbox"/> SECRETARY <input type="checkbox"/> PUBLIC OFFICER		
MEMBERSHIP TYPE	<input type="checkbox"/> GUARANTEE <input type="checkbox"/> ASSOCIATE		
MEMBERSHIP CLASS (NAME) _____			
<hr/>			
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FORMER NAME(S): _____			
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	STATE:	POSTCODE: _____	COUNTRY: _____
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