$|CNL\rangle$ INCORPORATIONS $\langle CNL\rangle$

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 '

FROM: DATE FIRM ABN ACN DESCRIPTION (Accountants/Solicitors/etc) PARTNER CONTACT SUITE/FL BUILDING STREET NO. & NAME SUBURB/CITY	_			
DESCRIPTION (Accountants/Solicitors/etc) PARTNER CONTACT SUITE/FL BUILDING				
PARTNER CONTACT SUITE/FL BUILDING				
SUITE/FL BUILDING	_			
	_			
STREET NO & NAME	_			
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: 1 st PREFERENCE				
2 nd PREFERENCE NAME	٠			
SUFFIX (DEFAULT BOLD)	_			
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	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)	_			
	_			

ARANTEE MEMBERSHIP CLASSES - NOTE: THES	SE CLASSES GIVE A GUA	RANTEE, AND HAVE	VOTING RIGH
CLASS	JOINING	ANNUAL	VOTES
NAME . (DEFAULT NAME = GUARANTEE MEMBERS	FEE (DEFAULT = \$0.00)	SUBSCRIPTION (DEFAULT=\$0.00)	PER MEMB (DEFAULT =
(8217.621.17.472 637.4744	(5277627)	(5217.621 \$6.66)	(52.7162.
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SOCIATE MEMBERSHIP CLASSES - NOTE: DO NOT	GIVE A GUARANTEE, AN	ID USUALLY HAVE NO	VOTING RIGH
CLASS	JOINING FEE	ANNUAL SUBSCRIPTION	VOTES
NAME . (DEFAULT NAME = ASSOCIATE MEMBERS	(DEFAULT = \$0.00)	(DEFAULT=\$0.00)	PER MEMB (DEFAULT =
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NOTE: DEFAULT MEMBERSHIP TYPE = GUARANTEE & DEFAULT MEMBERSHIP CLASS = GUARANTEE

COMPANY NAME:			
NAME GIVEN NAMES:			
SURNAME:		P	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:			
SURNAME:		A	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)			
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			ACN (IF A COY):
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STREET:			
STATE:		POSTCODE:	COUNTRY:
D.O.B:	CITY:	STATE:	COUNTRY:
	☐ DIRECTOR	☐ SECRETARY	□ PUBLIC OFFICER
MEMBERSHIP TYPE	☐ GUARANTEE	☐ ASSOCIATE	
MEMBERSHIP CLASS (NAME)		
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STATE:	CITY:	POSTCODE: STATE:	COUNTRY: COUNTRY:
D.O.B:	CITY: □ DIRECTOR □ GUARANTEE	POSTCODE: STATE: SECRETARY	COUNTRY: COUNTRY:

FOLLOWING PAGES: DETAILS OF MORE MEMBERS ARE ATTACHED

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

NAME	COMPAI	NY NAME:			
FORMER NAME(S):	NAME	GIVEN NAMES:			
FORMER NAME(S):		SURNAME:			ACN (IF A COY):
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FOLLOWING PAGES: DETAILS OF MORE MEMBERS ARE ATTACHED

COMPANY LIMITED BY GUARANTEE

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

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NAME	GIVEN NAMES:			
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	-	☐ DIRECTOR	□ SECRETARY	□ PUBLIC OFFICER
MEMBER	RSHIP TYPE	☐ GUARANTEE	☐ ASSOCIATE	
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	STATE:	CITY: DIRECTOR GUARANTEE	STATE: SECRETAR ASSOCIATI	Y <u> </u>

FOLLOWING PAGES: DETAILS OF MORE MEMBERS ARE ATTACHED

COMPANY LIMITED BY GUARANTEE

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

COMPANY NAME:			
NAME GIVEN NAMES:			
SURNAME:		A	CN (IF A COY):
FORMER NAME(S):			
UNIT/SUITE/FL:		BUILDING:	
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	☐ DIRECTOR	SECRETARY	PUBLIC OFFICER
MEMBERSHIP TYPE	☐ GUARANTEE	☐ ASSOCIATE	
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	☐ DIRECTOR	SECRETARY	PUBLIC OFFICER
MEMBERSHIP TYPE	☐ GUARANTEE	☐ ASSOCIATE	
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FORMER NAME(S)	_		
UNIT/SUITE/FL		BUILDING	
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D.O.B:	CITY:	STATE:	COUNTRY:
	☐ DIRECTOR	□ SECRETARY	□ PUBLIC OFFICER
MEMBERSHIP TYPE	☐ GUARANTEE	☐ ASSOCIATE	<u></u>
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