

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 \$990

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:
	<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)			

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:
	<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)			

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	SURNAME:	ACN (IF A COY):	
	FORMER NAME(S):		
	UNIT/SUITE/FL:	BUILDING:	
	STREET:	SUBURB/CITY:	
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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)			

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	FORMER NAME(S):		
	UNIT/SUITE/FL:	BUILDING:	
	STREET:	SUBURB/CITY:	
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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)			

FOLLOWING PAGES:☐ DETAILS OF MORE MEMBERS ARE ATTACHED

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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)			

NAME	GIVEN NAMES:		
	SURNAME:	ACN (IF A COY):	
	FORMER NAME(S):		
	UNIT/SUITE/FL:	BUILDING:	
	STREET:	SUBURB/CITY:	
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