

APPLICATION TO DE-REGISTER A COMPANY

Client Details: _____ Ph: _____
From: _____ Fax: _____

COMPANY INFORMATION

Name of Company: _____
A.C.N. _____
Registered Office: _____

PLEASE NOTE: ASSETS AND LIABILITIES MUST BE UNDER \$1,000 IN ORDER TO DE-REGISTER.

Does the Company have under the required amount in assets and liabilities? **Yes / No**

DETAILS OF APPLICANT – The applicant will normally be given notice of de-registration.

Full Name: _____
Address: _____
Status in relation to Company (Director/Secretary/Member): _____

DIRECTORS, OFFICERS & SHAREHOLDERS

1.	Full Name:	_____					
	Address:	_____					
	Director	Yes / No	Secretary	Yes / No	Member	Yes / No	
2.	Full Name:	_____					
	Address:	_____					
	Director	Yes / No	Secretary	Yes / No	Member	Yes / No	
3.	Full Name:	_____					
	Address:	_____					
	Director	Yes / No	Secretary	Yes / No	Member	Yes / No	
4.	Full Name:	_____					
	Address:	_____					
	Director	Yes / No	Secretary	Yes / No	Member	Yes / No	

Please attach most recent copy of Annual Return/ASIC Company Report.

PLEASE FAX OR EMAIL TO:

COMPANY CREATIONS **WEB: WWW.COMPANYCREATIONS.COM.AU**
PO Box 110 **WEB: WWW.COMPANIESONDISC.COM.AU**
WINSTON HILLS NSW 2153 **EMAIL: ADMIN@COMPANYCREATIONS.COM.AU**
PHONE: 1300 302 155 Fax: 1300 302 156