

NEW COMPANY REGISTRATION FORM



Referring Migration Agent Details

Registered Migration Agent Name	
RMA No.	
RMA Address	
RMA email for contact	
RMA telephone no. for contact	

1. Proposed name of the company:

Priority 1	
Priority 2	
Priority 3	

2. Details of Associated Individuals

	<u>Individual (1)</u>	<u>Individual (2)</u>	<u>Individual (3)</u>	<u>Individual (4)</u>
a. i) First Name				
ii) Surname				
b. Date Of Birth				
c. Tax File Number				
d. Residential Address (PO Box not allowed)				
e. Registered Office Address (PO Box not allowed)				
f. Country and Place of Birth				
g. Contact telephone number (include area code if landline)				
h. Contact email				
i. Director, Secretary, Shareholder (or all Three!!)				

	<u>Individual (1)</u>	<u>Individual (2)</u>	<u>Individual (3)</u>	<u>Individual (4)</u>
3. No of shares proposed to acquire:				

(If not sure - leave this blank and we choose 6 ordinary shares for each Associated Individual on your behalf)

4. Type of industry company will operate in (Brief Details)	
-------------------------------------------------------------	--

5. Date to start registration from	
------------------------------------	--

6. Expected annual turnover	
-----------------------------	--

7. Is this the first time in business in Australia for the Associated Individuals?

	<u>Individual (1)</u>	<u>Individual (2)</u>	<u>Individual (3)</u>	<u>Individual (4)</u>
(Yes or No answer for each Associated Individual)				

8. Expected no. of employees	
------------------------------	--

(Please include all working directors)

9. Date of this form	
----------------------	--

Please email this completed form to: admin@actp.com.au