

# Shelf Company Instructions

**Address:** 248 Oxford Street  
LEEDERVILLE WA 6007

**Enquiries:** Telephone: (08) 9443 2544  
Facsimile: (08) 9444 3808  
E-mail: [gus@irdi.com.au](mailto:gus@irdi.com.au)  
Attention: Gus Irdi

**Postal Address:** PO Box 95, Leederville WA 6902

Please email the completed form to [gus@irdi.com.au](mailto:gus@irdi.com.au)

## Your Details (Block Letters)

Firm	<input type="text"/>		
Address	<input type="text"/>		
Contact	<input type="text"/>	Phone	<input type="text"/>
		Email:	<input type="text"/>

## Company Details (Block letters)

A. Name of existing shelf company	<input type="text"/>	
B. Name of new company to be incorporated	<input type="text"/>	
C. Change of Shelf company name	From	<input type="text"/>
	To	<input type="text"/>
Company name to be tried for reservation (for Parts B and C only)	1 <sup>st</sup> Choice	<input type="text"/>
	2 <sup>nd</sup> Choice	<input type="text"/>
D. Is the Company ONLY acting as trustee of a Superannuation Fund?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E. Does this Company need to meet Pharmacy Registration Board of Western Australia requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Directors and their Shareholdings (Block letters)

1.	Surname	Given Names
	<input type="text"/>	<input type="text"/>
	Address	No. of Shares
	<input type="text"/>	<input type="text"/>
	Occupation	Date of Birth
	<input type="text"/>	<input type="text"/>
		Place of Birth
	<input type="text"/>	<input type="text"/>
2.	Surname	Given Names
	<input type="text"/>	<input type="text"/>
	Address	No. of Shares
	<input type="text"/>	<input type="text"/>
	Occupation	Date of Birth
	<input type="text"/>	<input type="text"/>
		Place of Birth
	<input type="text"/>	<input type="text"/>
3.	Surname	Given Names
	<input type="text"/>	<input type="text"/>
	Address	No. of Shares
	<input type="text"/>	<input type="text"/>
	Occupation	Date of Birth
	<input type="text"/>	<input type="text"/>
		Place of Birth
	<input type="text"/>	<input type="text"/>
4.	Surname	Given Names
	<input type="text"/>	<input type="text"/>
	Address	No. of Shares
	<input type="text"/>	<input type="text"/>
	Occupation	Date of Birth
	<input type="text"/>	<input type="text"/>
		Place of Birth
	<input type="text"/>	<input type="text"/>

**Non-Director Shareholders (Block letters)**

1. Surname	<input type="text"/>	Given Names	<input type="text"/>
Address	<input type="text"/>	No. of Shares	<input type="text"/>
2. Surname	<input type="text"/>	Given Names	<input type="text"/>
Address	<input type="text"/>	No. of Shares	<input type="text"/>

**New Registered Office (Block letters)**

Name of Firm	<input type="text"/>		
Address	<input type="text"/>		
	State	Postcode	
Principal place of business	<input type="text"/>		

**Secretary (Block letters)**

Surname	<input type="text"/>	Given Names	<input type="text"/>
Address	<input type="text"/>	Occupation	<input type="text"/>
		Place of Birth	<input type="text"/>
		Date of Birth	<input type="text"/>
			<input type="text"/>

**Chairman (Block letters)**

**Public Officer (Block letters)**

**Desired Date of Appointment of New Directors**