



Level 1, 18 Richardson Street, West Perth WA 6005  
PO Box 1906 West Perth WA 6872  
Tel: (08) 9388 0551  
Fax: (08) 9388 6551

### NEW BUSINESS NAME INSTRUCTIONS

**Proposed Business Name:** .....

**2<sup>nd</sup> Choice:** .....

**Registration period:**    1 year (\$36)         or        3 years (\$84)

**Client Details:**

Firm Name: .....

Contact Person:.....

Street Address: .....

.....

Ph: ..... Fax: ..... Email Address: .....

**Address for services of documents:**

Building/Property name: ..... Floor/Level/Unit no.: .....

Street Number and Name:.....

Suburb:..... State: .....Post code: .....

**Principal place of business:**

Building/Property name: ..... Floor/Level/Unit no.....

Street Number and Name:.....

Suburb:..... State: .....Post code: .....

**APPLICANT CONSENT**

I hereby confirm that I have the written consent of all proprietors of the above proposed business name to;

- 1) Appoint PantherCorp CST Pty Ltd to act as the agent for the above named business name,
- 2) Instruct PantherCorp CST to apply for the above named business name and
- 3) I accept responsibility for any amount payable to PantherCorp in relation to the registration of the above named business name.

Name: .....

Signed: ..... Date: .....

**Payment Details:**

Direct Deposit BSB: 124-001 Account Number: 01048552 Reference:.....  
(Please use your firm name as a reference if no invoice number has been issued)

or Charge our Credit Card:     Bankcard     Visa     Mastercard    **Amount: : \$** \_\_\_\_\_

Name of Cardholder : ..... Signature .....

Card Number: .....Expiry Date: .....

**Business name holder details:**

**Individual (sole trader) ABN:** .....

Surname:.....Former Names:.....

Given Name: .....Middle Name(s): .....

Residential Address: .....

Suburb: ..... State: ..... Post Code:.....

Date of Birth: .....Place of Birth (Town/State/Country): .....

**Or**

**Company ABN:**.....

Company Name: ..... ACN:.....

Name of Form Signatory .....Position (i.e. director).....

Surname:.....Former Names:.....

Given Name: .....Middle Name(s): .....

Residential Address: .....

Suburb: ..... State: ..... Post Code:.....

Date of Birth: .....Place of Birth (Town/State/Country): .....

**Or**

**Organisation that is an incorporated body (without an ACN or ARBN) a trust, a superannuation fund or an unincorporated body:**

**ABN:** .....

Organisation Name (i.e. trust, superannuation fund or an unincorporated body name):  
.....

Representative details (i.e. trustee of trust/superannuation fund or Director of trustee company):

**Individual**

Surname:.....Former Names:.....

Given Name: .....Middle Name(s): .....

Residential Address: .....

Suburb: ..... State: ..... Post Code:.....

Date of Birth: .....Place of Birth (Town/State/Country): .....

**Please fax this order to PantherCorp CST Pty Ltd on (08) 9388 6551  
or post it to us at PO Box 1906 West Perth WA 6872**