



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

### RENEWAL OF BUSINESS NAME

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

**ASIC Key Number:** .....

**Do you require PantherCorp to apply for the ASIC Key?** **NO / YES** (if yes, fee is \$55 incl. GST)

**Renewal 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 named 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 renew the above named business name and
- 3) I accept responsibility for any amount payable to PantherCorp in relation to the renewal 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**