



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

### (TRANSFER) BUSINESS NAME PROPRIETOR CHANGE INSTRUCTIONS

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

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

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

#### Client Details:

Firm Name: .....

Contact Person:.....

Street Address: .....

.....

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

#### NEW Address for services of documents:

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

Street Number and Name:.....

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

#### NEW 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** existing/current proprietors *and all* new 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 cancel/re-register the business name and transfer/change the proprietors of the above named business name and
- 3) I accept responsibility for any amount payable to PantherCorp in relation to the instructions for the above named business name.

Name: .....

Signed: .....

Date: .....

**Please note:** Both the current and new proprietor **must** provide ABN details or the transfer will be rejected.

**Existing / Current 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 note:** Both the current and new proprietor **must** provide ABN details or the transfer will be rejected.

**New 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**

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



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**PAYMENT DETAILS**

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

**CLIENT DETAILS:**

Firm Name: .....

Contact Person:.....

Ph: .....

Email Address: .....

**PANTHERCORP FEE**

Business Name Transfer (Inc GST) ..... \$220

**ADDITIONAL SERVICES:**

Registration period 1 year (ASIC fee no GST) ..... (1 year) \$36

OR Registration period 3 years (ASIC fee no GST) ..... (3 years) \$84

ASIC Key application required (Inc GST) .....\$55

**Total Amount payable to PantherCorp** .....\$ \_\_\_\_\_

**Please note: A 50% discount is given to Corporate Registry clients on the Attendance fee only.**

Are you a PantherCorp Corporate Registry Client? .....YES / NO

**PAYMENT DETAILS:**

**Cheque Enclosed**

**Direct Deposit**

BSB: 124-001

Acct: 0104 8552

Reference: \_\_\_\_\_

*(Your firm name as a reference if no invoice number has been issued)*

**Charge Credit Card**

Name of Cardholder : .....

Bankcard

Card Number: .....

Visa

Expiry Date: .....

Mastercard

Signature: .....