



NEW BUSINESS NAME INSTRUCTIONS

Proposed Business Name:

2nd Choice:

Registration period: 1 year (\$37) or 3 years (\$87)

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: 033-157 Account Number: 525 180) 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 SignatoryPosition (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**