



**(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

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



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) \$37

OR Registration period 3 years (ASIC fee no GST) (3 years) \$87

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: 033-157
Account Number: 525 180

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: