

Company Incorporation Checklist

Name of Company : _____

Registered address /
Business address:
(No PO Box) _____

Postal address: _____

Director 1 :

- First Name: _____ Last Name: _____ Gender _____

- Address:
(No PO Box) _____

- DOB: _____ - TFN _____

- Place of Birth(City and Country): _____

Director 2 :

- First Name: _____ Last Name: _____ Gender _____

- Address:
(No PO Box) _____

- DOB: _____ - TFN _____

- Place of Birth(City and Country): _____

Shareholder 1:

- First Name: _____ Last Name: _____ Gender _____

- Address:
(No PO Box) _____

- DOB: _____ - TFN _____

- Place of Birth(City and Country): _____

- Number of Shares _____

Shareholder 2:

- First Name: _____ Last Name: _____ Gender _____

- Address:
(No PO Box) _____

- DOB: _____ - TFN _____

- Place of Birth(City and Country): _____

- Number of Shares _____

Secretary :

- First Name: _____ Last Name: _____ Gender _____

- Address:
(No PO Box) _____

- DOB: _____ - TFN _____

- Place of Birth(City and Country): _____

Certified Practising Accountant | Business adviser | Tax specialist | Loan assistant

Liability limited by a scheme approved under Professional Standards Legislation