

BUSINESS NAME INSTRUCTION SHEET

1. Client and Delivery Details

Date Required By: _____

TO: MELLOR OLSSON Lawyers 80 King William Street Adelaide SA 5000 Ph: 8414 3521 Fax: 8414 3455 Att: _____	FROM: _____ Delivery _____ Address _____ _____ Ph: _____ Fax: _____ Att: _____
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2. Client Details

2.1 Name of Client: _____
2.2 Address of Client: _____ P/C _____

3. Business Name Details

3.1 Business Name: _____ 2nd Choice: _____
3.2 Date of Commencement: _____ (< 2 months)
3.3 Nature of Business: _____
3.4 Principal Place of Business: _____ _____ P/C _____
3.5 Other Place of Business: _____ _____ P/C _____

4. Proprietors

4.1 Name: _____ A.C.N. _____ Address: _____ P/C _____ Occupation: _____ Date of Birth ___/___/___ Place _____
4.2 Name: _____ A.C.N. _____ Address: _____ P/C _____ Occupation: _____ Date of Birth ___/___/___ Place _____
4.3 Name: _____ A.C.N. _____ Address: _____ P/C _____ Occupation: _____ Date of Birth ___/___/___ Place _____
4.4 Name: _____ A.C.N. _____ Address: _____ P/C _____ Occupation: _____ Date of Birth ___/___/___ Place _____