

CHANGE OF STATUS TO SINGLE DIRECTOR COMPANY AND ADOPTION OF CONSTITUTION

1. Client and Delivery Instructions

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. Company Details

3.1 Name: _____ A.C.N. _____

3.2 Address of Client: _____ P/C _____

4. Continuing Director/Secretary/Shareholder

4.1 Surname: _____ Given Names: _____
 Address: _____ P/C _____
 Occupation: _____ Birth: Date ___/___/___ Place _____
 Director Secretary Date of Appointment ___/___/___ Public Officer Shareholder

4.2 Surname: _____ Given Names: _____
 Address: _____ P/C _____
 Occupation: _____ Birth: Date ___/___/___ Place _____
 Director Secretary Date of Appointment ___/___/___ Public Officer Shareholder

4.3 Surname: _____ Given Names: _____
 Address: _____ P/C _____
 Occupation: _____ Birth: Date ___/___/___ Place _____
 Director Secretary Date of Appointment ___/___/___ Public Officer Shareholder

4.4 Surname: _____ Given Names: _____
 Address: _____ P/C _____
 Occupation: _____ Birth: Date ___/___/___ Place _____
 Director Secretary Date of Appointment ___/___/___ Public Officer Shareholder

5. Resigning Director/Secretary

5.1 Surname: _____ Given Names: _____
 Address: _____ P/C _____
 Occupation: _____ Birth: Date ___/___/___ Place _____
 Director Secretary Public Officer Shareholder
 No. Shares: _____ Class: _____ q Transfer to: _____

5.2 Surname: _____ Given Names: _____
 Address: _____ P/C _____
 Occupation: _____ Birth: Date ___/___/___ Place _____
 Director Secretary Public Officer Shareholder
 No. Shares: _____ Class: _____ Transfer to: _____

PLEASE PROVIDE COPY OF CONSTITUTION OR MEMORANDUM AND ARTICLES OF ASSOCIATION (IF APPLICABLE) AND ANNUAL RETURN