

Application for registration as an Australian Company

Note: This form outlines the information sent to ASIC to register your company

Lodgment Details

Who should ASIC contact if there is a query about this form?

ASIC registered agent number (if applicable)

25340

Firm/organization

TOPDOCS PTY LTD

Contact name/position description

Telephone number (during business hours)

1300 659 242

Postal Address

LEVEL 2, SUITE 2, 22 ALBERT ROAD

Suburb / City

State/Territory

Postcode

SOUTH MELBOURNE

VIC

3205

1. State / Territory of Registration

I apply for registration of the company under the *Corporations Act 2001* and nominate the State or Territory in which the company will be taken to be registered.

New South Wales

2. Details of the Company

Does the company have a proposed company name?

Yes

If yes, the proposed company name is

Willowood Pty Ltd

Name reservation number (if any)

The company name on registration will be its Australian Company Number (ACN).

Tick the legal elements that apply

Pty

Ltd

Proprietary

Limited

No Liability

NIL

No legal elements (s150 companies only – see guide for details)

2. Continued.... Further Details of the Company

Is the proposed name identical to a registered business name(s)?

Yes

No

If yes, I declare that I own, or am registering the company for the owner(s) of the identical business name(s), the registration details of which are listed below.

Business number

State/Territory of registration

Type of Company

proprietary company

public company

Class of Company

limited

unlimited with share capital

limited

unlimited with share capital

unlimited with a share capital

no liability

Special Purpose (if applicable)

home unit (HUNT)

superannuation trustee (PTSC)

charitable purposes only (PNPC)

superannuation Trustee (ULSS)

charitable purposes only (ULSN)

s150 company

If this is a special purpose company, tick the box below to make the declaration.

I declare that this company is a special purpose company as defined under Regulation 3 of the Corporations (Review Fees) Regulations 2003

Governance of a public company

The company will rely entirely on replaceable rules

The company has a constitution

A proposed public company which has adopted a "Constitution" must lodge a copy of the constitution with this application.

If the proposed company is a public company limited by guarantee, state the amount of guarantee that each member agrees to in writing

The amount of the member's guarantee is

\$

Registered Address of the Company

At the office of, C/- (if applicable)

Office, Unit, Level

Street number and Street name

4 Valley Rd

Suburb / City

Lindfield

State/Territory

New South Wales

Postcode

2070

2. Continued.... Further Details of the Company.

Does the company occupy the premises?

Yes

No

If no, name of occupier

Occupiers consent (Select box to indicate the statement below is correct)

The occupier of the premises has consented in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent

Office hours

a. Registered office of a public company is open to the public each business day from at least 10 am to 12 noon and 2pm to 4pm

b. Registered office of a public company is open to the public each business day for at least 3 hours between 9 am and 5 pm

If b, insert office hours open

from am/pm

close

to am/pm

Principal place of business of the Company

If same as registered office, write "as above"

Office, Unit, Level

Street number and Street name

4 Valley Rd

Suburb / City

Lindfield

State/Territory

New South Wales

Postcode

2070

Country

Information only - do not lodge

3. Appointed Officeholders

Office held:

Director

Secretary

Given and Family Name

Christina Willoughby

Former Name

Street Number and Street Name

4 Valley Rd

Suburb / City

Lindfield

State/Territory

New South Wales

Postcode

2070

Country (if not Australia)

Date of Birth

9 April 1949

Place of Birth

JAPAN

3. Appointed Officeholders

Office held:

Director

Secretary

Given and Family Name

Thomas Willoughby

Former Name

Street Number and Street Name

4 Valley Rd

Suburb / City

Lindfield

State/Territory

New South Wales

Postcode

2070

Country (if not Australia)

Date of Birth

14 October 1940

Place of Birth

UNITED STATES

4. Identify Ultimate Holding Company

Will the company have an ultimate holding company upon registration?

Yes

If yes, provide the following details of the ultimate holding company

Company Name

ACN/ARBN/ABN

Country of incorporation (if not Australia)

<input type="text"/>	<input type="text"/>
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No

Information only - do not lodge

5. Share Structure Table

Details of shares issued by the company. Please show all details of shares that the company has on issue at the time of this application.

Share Class Code	Full Title	Share Class Code	Full Title
A	A	PRF	Preference
B	B.....etc	CUMP	cumulative preference
EMP	Employee's	NCP	non-cumulative preference
FOU	Founder's	REDP	redeemable preference
LG	Life Governor's	NRP	non-redeemable preference
MAN	Management	CRP	cumulative redeemable preference
ORD	Ordinary	NCRP	non-cumulative redeemable preference
RED	Redeemable	PARP	participative preference
SPE	special		

If you are using the standard share class codes you do not need to provide the full title for the shares, just the share class code.

If you are not using the standard share class code, enter a code of no more than 4 letters and then show the full title.

Share class code	Full title (if not standard)	Total number of shares	Total amount paid on these shares	Total amount unpaid on these shares
ORD	Ordinary Class Shares	1	\$1.00	\$0.00

Are any of these shares issued other than for cash?

Yes

If yes, will some of all of the shares be issued under a written contract?

Yes

If yes: **Proprietary Companies**

Lodge a Form 207Z certifying that all stamp duties have been paid

Public Companies

Lodge a Form 207Z and either a Form 208 or a copy of the contract

No

If no: **Proprietary Companies**

Continue to Section 6 Details of members

Public Companies

Lodge a Form 208

No

If no, continue to Section 6 Details of members

6. Details of Members

Use this section to notify the name and address of each person who consents to become a member.

If shares are jointly owned, provide names and addresses of all joint owners on a separate sheet (annexure), clearly indicating the share class and with whom the shares are jointly owned.

Please complete a separate section below for each member, print additional copies if more members are required

Given and Family Names

Christina Willoughby

OR

Company Name

Office, Unit, Level or PO Box number

Street number and Street Name

4 Valley Rd

Suburb / City

Lindfield

State/Territory

NSW

Postcode

2070

Country (if not Australia)

Complete each column for each share class the above member has agreed, in writing, to take up

Note: Beneficially held usually means that the owner of the shares is entitled to the direct benefit from the shares. For example, benefits could include the entitlements to payments in relation to any dividends. Shares held by a person as trustee, nominee, or on account of another person are non-beneficially held.

Share Class Code	Number of shares taken up	Amount agreed to pay per share	Total \$ paid on these shares	Amount unpaid per share	Total \$ unpaid on these shares	Fully Paid (y/n)	Beneficially held (y/n)
ORD	1	\$1.00	\$1.00	\$0.00	\$0.00	y	y

Information only - do not lodge

Declaration by applicant

I/we apply for registration of a company on the basis of the information in this form and any attachments. I/we have the necessary written consents and agreements referred to in the application concerning the member and officeholders and I/we shall give the consents and agreements to the company after the company becomes registered. The information provided in this application and in any annexures is true and correct at the time of signing.

Signature of applicant

Name of applicant

CHRISTINA WILLOUGHBY

Capacity of applicant

Individual

Corporation

Name of officeholder

Agent for individual or corporation

Name of Agent

MICHAEL SPAKMAN

Signature of applicant

Date signed

Information only - do not lodge