

Parkhall Shelf Companies Pty Ltd

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200 COMMERCIAL ROAD
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BANKERS PACK ORDER FORM

Company/Trust/Fund name		ACN	
Registered Office Street address			
Suburb / City		State	Postcode
Principal place of business Street address			
Suburb / City		State	Postcode
Mailing address if not registered office			
Suburb / City		State	Postcode
Email address			

PROPOSED DETAILS:

Proposed Bank name
Proposed Bank Branch
Number of Signatures to sign on the account

NAMES OF SIGNATORIES

Surname	Given Names
Surname	Given Names
Surname	Given Names
Surname	Given Names