

# Change of company name

# WE. SMSF

Complete this form and return to [documentservices@wesmsf.com.au](mailto:documentservices@wesmsf.com.au) or mail to PO Box 00 ROBINA QLD 4226

Our documentation service includes the completion of the documentation necessary for the change of the company's name. It does not include the payment of the [ASIC fees](#) related to the change.

## SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact person		Firm name	
Postal address			
Suburb		State	
Postcode			
Phone		Email	
Mobile		CC email	
Please select how the documents should be delivered:		Email <u>OR</u>	Post
Please select who the documents should be delivered to:		Accountant/Adviser <u>OR</u>	Individual 1

## SECTION B: FUND DETAILS (For record keeping purposes, please enter the Fund to which the company is "linked")

SMSF name	
ABN	

## SECTION C: COMPANY DETAILS

Company name		ACN	
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## SECTION D: PLEASE ATTACH THE FOLLOWING (Tick ☒ whichever is applicable, and attach)

<input type="checkbox"/> A current company extract, <i>or</i>
<input type="checkbox"/> A copy of the most recent ASIC annual review statement for the company, <b>and</b>
<input type="checkbox"/> A copy of the current company constitution.

## SECTION E: NEW COMPANY NAME

New company name	
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## ACKNOWLEDGEMENT & AUTHORITY

The trustee(s) or director(s) of the corporate trustee hereby:

- acknowledge they have read, understood, and agreed to the terms detailed in WE SMSF's [Privacy Policy](#),
- declare the information provided on this form is true and correct and agree to pay for the services requested on this form and, in the event that any information on this form is incorrect and WE SMSF are requested to amend the documentation, agree to pay any amendment fees charged,
- acknowledge and understand to complete the documentation WE SMSF will prepare on the basis that all individuals are 18 or older and they have their capacity to sign, unless told otherwise,
- instruct WE SMSF to provide the services requested on this form to the trustee(s) or director(s) of the corporate trustee using the information provided on this form,
- authorise WE SMSF to provide any relevant information to 3rd parties in relation to the preparation of the documentation,
- acknowledge and understand that neither the contents of this form, nor the documentation prepared or other services provided constitute 'Financial Product Advice' as defined in the Corporations Act 2001 and should not be regarded as such, and
- acknowledge and understand unless a Statement of Advice from Wealth Effect Group recommending the course of action contemplated by these documents has been obtained, WE SMSF has not reviewed the personal circumstances of any individual to determine whether or not the requested services are appropriate.

\_\_\_\_\_  
Signature of person authorised to make the  
above statements on behalf of the trustee(s) or  
director(s) of the corporate trustee

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

## PAYMENT INFORMATION

Amount:	\$
EFT transfer	BSB: 182-182 Account: 00000000 <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Credit card	<a href="#">Document services payments</a> <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Direct debit authority in place	