

# Changes to constitution Service Form



Complete this form and return to [documentservices@heffron.com.au](mailto:documentservices@heffron.com.au) or mail to PO Box 200 Maitland NSW 2320.

Our documentation service includes:

- Completion of the documentation necessary for the constitution changes.

## 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

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, <i>or</i> <input type="checkbox"/> Current constitution is lost

## SECTION E: REQUESTED SERVICE (Tick whichever is applicable)

<input type="checkbox"/> Replacement of lost constitution
<input type="checkbox"/> Constitution update
Change to company purpose:
<input type="checkbox"/> Change to <b>Special purpose trustee company</b> (can only be used as an SMSF trustee)
<input type="checkbox"/> Change to <b>Private Pty Ltd company</b> (can be used as corporate custodian for LRBAs)

## ACKNOWLEDGEMENT & AUTHORITY

The director(s) of the company hereby:

- acknowledge they have read, understood, and agreed to the terms detailed in Heffron'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 Heffron are requested to amend the documentation, agree to pay any amendment fees charged,
- acknowledge and understand to complete the documentation Heffron will prepare on the basis that all individuals are 18 or older and they have their capacity to sign, unless told otherwise,
- instruct Heffron to provide the services requested on this form to the director(s) of the company using the information provided on this form,
- authorise Heffron 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 Heffron recommending the course of action contemplated by these documents has been obtained, Heffron 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 director(s) of  
the company

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

\_\_\_\_\_  
Date

## PAYMENT INFORMATION

Amount:	\$
EFT transfer	BSB: 082 691 Account: 561309446 <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	