

Please complete for your practice. All fields are mandatory.

Your practice contact details

<input type="text"/>	
Practice name	
<input type="text"/>	<input type="text"/>
Contact name one	Contact name two
<input type="text"/>	<input type="text"/>
Telephone	Mobile
<input type="text"/>	<input type="text"/>
Facsimile	Email

Information required from your practice

<input type="text"/>	
Agent number	
<input type="text"/>	<input type="text"/>
DIS/EDGE user ID*	DIS/EDGE password*
<input type="text"/>	<input type="text"/>
Authorised signatory for agent forms (as registered with ASIC)	Software currently used
Number of companies <input type="text"/>	Has the list of companies been provided? <input type="checkbox"/> Yes

Information required on list of companies

Completed company name as registered with ASIC	<input type="checkbox"/> Yes
A.C.N.	<input type="checkbox"/> Yes
Incorporation/registration date	<input type="checkbox"/> Yes

* If you are currently using the Online Agent Portal via ASIC or any other applications instead of a third party software to carry out corporate secretarial task, please access <http://www.asic.gov.au/asic/asic.nsf/byheadline/Edge?openDocument> to register for EDGE User ID and password.