

Change to company details

Sections A, B or C may be lodged independently with this signed cover page to notify ASIC of:

- | | | |
|---|---------------------------------|---|
| A1 Change of address | B1 Cease company officeholder | C1 Cancellation of shares |
| A2 Change of name - officeholders and proprietary company members | B2 Appoint company officeholder | C2 Issue of shares |
| A3 Change - ultimate holding company | B3 Special purpose company | C3 Change to share structure |
| | | C4 Changes to the register of members for proprietary companies |

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Company details

Refer to guide for information about corporate key

Company name

ETTALONG BEACH FINANCIAL SERVICES LIMITED

ACN / ABN

110 069 120

Corporate key

Lodgement details

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

Firm/organisation

KELLY PARTNERS (CENTRAL COAST) PTY LTD

Contact name/position description

SCOTT ELWIN

ASIC registered agent number (if applicable)

24972

Telephone number

(02) 4367 6630

Postal address or DX address

PO BOX 3616

ERINA NSW 2250

Total number of pages including this cover sheet

2

Signature

This form must be signed by a current officeholder of the company

I certify that the information in this cover sheet and the attached sections of this form are true and complete.

Name

DONALD JOHN WILSON

Capacity

☒

Director

☐

Company secretary

Signature

Donald John Wilson

Date signed

24 / 09 / 2015

[D D] [M M] [Y Y Y Y]

Lodgement

Send completed and signed forms to:
Australian Securities and Investments Commission,
PO Box 4000, Gippsland Mail Centre VIC 3841.

For help or more information

Telephone 1300 300 630

Email info.enquiries@asic.gov.au

Web www.asic.gov.au

B2 Appoint company officeholder

Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder.

Role of appointed officeholder
(Select one or more boxes)

- ☒ Director
☐ Secretary
☐ Alternate director

Date of appointment

Date of appointment
24 / 09 / 2015
[D D] [M M] [Y Y Y Y]

Name

The name of the appointed officeholder is (provide full given names, not initials)

Family name
DELLA VEDOVA

Given names
SIMON

Date of birth
21 / 02 / 1978
[D D] [M M] [Y Y Y Y]

Place of birth (town/city)
SYDNEY

(state/country)
NSW

Former name
Eg change by deed poll or marriage

Their previous name was (Provide full given names, not initials)

Family name

Given names

Residential address

The residential address of the appointed officeholder is

Office, unit, level

Street number and Street name
33 LARROOL CRESCENT

Suburb/City
THORNLEIGH

State/Territory
NSW

Postcode
2120

Country (if not Australia)

If an 'Alternate director', for whom

Note:
Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)

The appointed 'Alternate director' is alternate for (person alternate for)

Family name

Given names

Expiry date (If applicable)
/ /
[D D] [M M] [Y Y Y Y]

☐ Alternate director terms of appointment attached