

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

A2 Change of name - officeholders or members

A3 Change - ultimate holding company
- B1 Cease company officeholder

B2 Appoint company officeholder

B3 Special purpose company
- C1 Cancellation of shares

C2 Issue of shares

C3 Change to share structure

C4 Changes to the register of members

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

FREMANTLE COMMUNITY FINANCIAL SERVICES LTD

ACN/ABN

114 925 174

Corporate key

032 417 73

Lodgement details

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

Name

KEVIN CAMPBELL

ASIC registered agent number (if applicable)

Telephone number

0412 379149

Postal address

P.O BOX 330

NORTH FREMANTLE WA 6159

Total number of pages including this cover sheet

2

Please provide an estimate of the time taken to complete this form.

1

hrs

5

mins

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

KEVIN CAMPBELL

Capacity

☒ Director

☐ Company secretary

Signature

Date signed

26/04/06

[D][D][M][M][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 03 5177 3988
Email info.enquiries@asic.gov.au
Web www.asic.gov.au

Or lodge the form electronically by visiting the ASIC website
www.asic.gov.au

14/02/85

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

Place of birth (town/city)

PERTH

(state/country)

AUSTRALIA

B1 Cease company officeholder

Use this section to notify if a company officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased officeholder.

Role of ceased officeholder
Select one or more boxes

☒

Director

☒

Secretary

☐

Alternate director — Person alternate for

Date officeholder ceased

Date of change

2	6	0	4	0	6
[D]	[D]	[M]	[M]	[Y]	[Y]

Name

The name of the ceased officeholder is

Family name

Given names

Date of birth

1	4	0	2	8	5
[D]	[D]	[M]	[M]	[Y]	[Y]

Place of birth (town/city)

(state/country)

B1 Continued... Cease another company officeholder

Use this section to notify if a company officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased officeholder.

Role of ceased officeholder
Select one or more boxes

☐

Director

☐

Secretary

☐

Alternate director — Person alternate for

Date officeholder ceased

Date of change

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

Name

The name of the ceased officeholder is

Family name

Given names

Date of birth

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

Place of birth (town/city)

(state/country)

**Australian Securities &
Investments Commission****Form 484**
Corporations Act 2001

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Company details

Company name

FREMANTLE COMMUNITY FINANCIAL SERVICES LTD.

Refer to guide for information about
corporate key

ACN/ABN

114 925 174

Corporate key

032 417 73

Lodgement details

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

Name

Patrick James Gardner

ASIC registered agent number (if applicable)

Telephone number

0423 405 032

Postal address

6 Elfreda Avenue

SORRENTO

Total number of pages including this cover sheet

2

Please provide an estimate of the time taken to complete this form.

— hrs 5 mins

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.

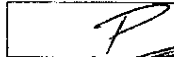
Name

Patrick Gardner

Capacity

☒ Director☒ Company secretary

Signature



Date signed

2 5 10 4 0 6
[D] [D] [M] [M] [Y] [Y]**Lodgement**Send completed and signed forms to:
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Select one or more boxes

- ☒ Director
☐ Secretary
☐ Alternate director — Person alternate for

Date officeholder ceased

Date of change

1 1 / 0 4 / 0 6
[D] [D] [M] [M] [Y] [Y]

Name

The name of the ceased officeholder is

Family name

THURTON

Given names

DAVID PAUL

Date of birth

2 4 / 0 3 / 5 6
[D] [D] [M] [M] [Y] [Y]

Place of birth (town/city)

NOTTINGHAM

(state/country)

UNITED KINGDOM

B1 Continued... Cease another company officeholder

Use this section to notify if a company officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased officeholder.

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☐ Secretary
☐ Alternate director — Person alternate for

Date officeholder ceased

Date of change

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

Name

The name of the ceased officeholder is

Family name

Given names

Date of birth

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

Place of birth (town/city)

(state/country)

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FREMANTLE COMMUNITY FINANCIAL SERVICES LTD

ACN/ABN

114 925 174

Corporate key

032 417 73

Lodgement details

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

Name

Patrick James Gardner

ASIC registered agent number (if applicable)

-

Telephone number

0423 105 032

Postal address

6 Elfreda Avenue

SORRENTO 6020

Total number of pages including this cover sheet

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- hrs 5 mins

Signature

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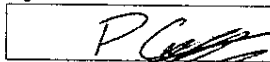
Name

Patrick James Gardner

Capacity

☒ Director☒ Company secretary

Signature



Date signed

2 4 0 4 0 6
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Role of ceased officeholder
Select one or more boxes

- ☒ Director
☐ Secretary
☐ Alternate director — Person alternate for

Date officeholder ceased

Date of change

21/04/06
[D] [D] [M] [M] [Y] [Y]

Name

The name of the ceased officeholder is

Family name

Given names

ERINGA

KAREL

Date of birth

22/09/70
[D] [D] [M] [M] [Y] [Y]

Place of birth (town/city)

(state/country)

BLUHWERT

NETHERLANDS

B1 Continued... Cease another company officeholder

Use this section to notify if a company officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased officeholder.

Role of ceased officeholder
Select one or more boxes

- ☐ Director
☐ Secretary
☐ Alternate director — Person alternate for

Date officeholder ceased

Date of change

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

Name

The name of the ceased officeholder is

Family name

Given names

Date of birth

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

Place of birth (town/city)

(state/country)