

## Buy Sell Agreement Company Checklist

### ☐ COMPANY DETAILS

Company Name & ACN (as per certificate of incorporation)	Address (No. Street Name, Suburb, Postcode, Country)
Nature of the company eg town planning services (brief description)	<b>"Business" means the:</b>  <div style="text-align: right;">business of the Company</div>

### ☐ SHAREHOLDERS – COMPLETE FOR EACH SHAREHOLDER OF THE COMPANY

#### SHAREHOLDER 1

Full Name OR Company Name & ACN	Address (No. Street Name, Suburb, Postcode, Country)	
Number of ordinary shares held	Number of special shares held	Type of special shares eg Class "A", Class "B" or Class "C"
Shareholder's total remuneration package eg \$100 000 per annum	Share valuation eg \$10 000	Estimated loss of revenue eg \$10 000
\$ per annum	\$	\$

#### SHAREHOLDER 2

Full Name OR Company Name & ACN	Address (No. Street Name, Suburb, Postcode, Country)

Number of ordinary shares held	Number of special shares held	Type of special shares eg Class "A", Class "B" or Class "C"
Shareholder's total remuneration package eg \$100 000 per annum	Share valuation eg \$10 000	Estimated loss of revenue eg \$10 000
\$ per annum	\$	\$

### SHAREHOLDER 3

Full Name OR Company Name & ACN	Address (No. Street Name, Suburb, Postcode, Country)	
Number of ordinary shares held	Number of special shares held	Type of special shares eg Class "A", Class "B" or Class "C"
Shareholder's total remuneration package eg \$100 000 per annum	Share valuation eg \$10 000	Estimated loss of revenue eg \$10 000
\$ per annum	\$	\$

### SHAREHOLDER 4

Full Name OR Company Name & ACN	Address (No. Street Name, Suburb, Postcode, Country)	
Number of ordinary shares held	Number of special shares held	Type of special shares eg Class "A", Class "B" or Class "C"
Shareholder's total remuneration package eg \$100 000 per annum	Share valuation eg \$10 000	Estimated loss of revenue eg \$10 000
\$ per annum	\$	\$

☐ **INSURANCE**

<b>Description of Personal Income Protection Insurance policy</b> Eg Personal Insurance Portfolio – Income Care Plus	
<b>Name of Underwriter or Insurance Company or Institution providing the Personal Income Protection Insurance</b>	
<b>Description of Life, Total and Permanent Disablement and Major Trauma Insurance policy</b> Eg Total Care Plan	
<b>Name of Underwriter or Insurance Company or Institution providing the Life, Total and Permanent Disablement and Major Trauma Insurance</b>	
<b>Description of Key Person Insurance policy</b> Eg Total Care Plan	
<b>Name of Underwriter or Insurance Company or Institution providing the Key Person Insurance</b>	<b>Estimated staff restructure costs</b>
	\$  *per key person

☐ **JURISDICTION**

<b>Which state law is the agreement to be governed by?</b>	<b>NSW, Qld, SA, TAS, VIC, WA</b>
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