INTERVIEW AND DATA CAPTURE

BUY/ SELL OPTION AGREEMENT

Prepared for:

Dated:

We can prepare a Shareholders Buy-Sell Agreement to facilitate the orderly transfer of shares between shareholders in the event of death, incapacity, retirement, or other agreed trigger events—ensuring clarity and compliance with the agreed terms. To complete the Agreement, we require the following details from you:

1. **COMPANY DETAILS**

|  |  |
| --- | --- |
| **Name of Company** |  |
| **ACN:** |  |
| **Address:** |  |
| **Director Names:** |  |

1. **SHAREHOLDER DETAILS – Individual/Company/Trust**

|  |  |
| --- | --- |
| **Name of Individual/Company/Trust** |  |
| **ABN Number:** |  |
| **Address:****(In case of Individual)** |  |
| **Trustee details –****(In case of Company/Trust)** | **Name of company/Individual:**  |  |
| **Registered Office/Address:** |  |
| **ACN:** |  |
| **Director Names:** |  |
|  |
|  |

1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| **The earliest exercise period for the options upon the occurrence of a Terminating Event (e.g. Death). Enter only the time period (e.g. "14 days" or "3 months")** |  |
| **Include the details of the Buy/Sell life insurance policies within this agreement?** | Yes/ No |
| **INSURANCE DETAILS (if Yes selected above)****Please summarise the policy details:** | (*Enter Insurance Details*) |
| **This agreement is subject to the following documents and agreements: Funding Agreement****Company Constitution****Shareholder Agreement** | Yes/ NoYes/NoYes/No |