

**UNIT TRUST ORDER FORM**

Ordered By: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**NAME OF TRUST**

Name \_\_\_\_\_

**NAME OF APPOINTOR**

Name \_\_\_\_\_

Address \_\_\_\_\_

**TRUSTEE/S**

**1) Individual:** Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

**OR**

**Company Name:** \_\_\_\_\_ Pty Ltd ACN \_\_\_\_\_

**Address:**

Suite/Unit \_\_\_\_\_ Level \_\_\_\_\_ Building Name \_\_\_\_\_

Street number and name \_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

**2) Individual:** Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

**OR**

**Company Name:** \_\_\_\_\_ Pty Ltd ACN \_\_\_\_\_

**Address:**

Suite/Unit \_\_\_\_\_ Level \_\_\_\_\_ Building Name \_\_\_\_\_

Street number and name \_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

**INITIAL SUM:**\$ \_\_\_\_\_  Paid  Unpaid  Partially Paid

(number of units to be issued initially) \_\_\_\_\_

**ORIGINAL UNIT HOLDERS**

1) **Individual:** Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

**OR**

**Company Name:** \_\_\_\_\_ Pty Ltd ACN \_\_\_\_\_

**OR**

**Trust Name:** \_\_\_\_\_

**Address:**

Suite/Unit \_\_\_\_\_ Level \_\_\_\_\_ Building Name \_\_\_\_\_

Street number and name \_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Number of Units \_\_\_\_\_

2) **Individual:** Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

**OR**

**Company Name:** \_\_\_\_\_ Pty Ltd ACN \_\_\_\_\_

**OR**

**Trust Name:** \_\_\_\_\_

**Address:**

Suite/Unit \_\_\_\_\_ Level \_\_\_\_\_ Building Name \_\_\_\_\_

Street number and name \_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Number of Units \_\_\_\_\_

**CLASS AND RIGHTS OF NOMINATED UNIT HOLDERS**

Usually equal and we will insert: *"All units shall comprise on class and shall at any and all times be of equal."*

If different please specify \_\_\_\_\_

**QUORUM**

Advise number of units to constitute a quorum: *Usually 51% of all Issued Units from Time to Time.*

If different please specify \_\_\_\_\_

**AMOUNT PAYABLE: \$450**

**SIGNATURE** \_\_\_\_\_

**PAYMENT OPTIONS**

**Payment By Bank Deposit** Please tick

Bank: Bank of Queensland Ltd  
BSB: 124-001  
Account Number: 20970825  
Account Name: Professional Corporate Services

For clients who are not pre-authorized, proof of deposit must be faxed / emailed with this order.

**Pre-Authorised Credit Terms** Please tick

**Payment By Credit Card** Please tick

Type of Card  Mastercard  Visa

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name on Card \_\_\_\_\_