

INSTALMENT WARRANT

Ordered by (Firm) _____ Date _____
 Contact Name _____ Phone _____
 Email Address _____

NAME OF FUND _____

Does the Fund have an ABN YES NO If yes, ABN Number: _____

IS THE TRUSTEE OF THE FUND (THE BORROWER)

A COMPANY ONE OR MORE INDIVIDUALS

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 _____

IS THE LENDER

A COMPANY ONE OR MORE INDIVIDUALS

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 _____

Loan amount \$ _____
Term of loan _____ months/years Interest Rate _____ %
Settlement date _____

(The date the Trustee intends to purchase the authorised investments using the loan)

Date final repayment of principal & interest due _____

Method of payment the lender requires for payment to be made by the borrower

Personal Cheque Bank Cheque Electronic Funds

How often will the borrower make repayments of the interest

Monthly Quarterly Every Six Months Yearly

IS THE CUSTODIAN

A COMPANY ONE OR MORE INDIVIDUALS

If Company, Name _____ ACN _____

Address

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

OR

If Individual/s,

1. Name _____

Address

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

2. Name _____

Address

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

WHAT TYPE OF ASSET IS THE TRUSTEE ACQUIRING FOR THE FUND

- Real Estate (land)
- Shares in a Company listed on the ASX
- Shares in a Company not listed on the ASX
- Units in a trust, fund or managed investment scheme, registered with ASIC, and listed on the ASX
- Units in a trust, fund or managed investment scheme, registered with ASIC, but not listed on the ASX
- Units in a trust, fund or managed investment scheme, not registered with ASIC, and not listed on the ASX
- Other

AMOUNT PAYABLE: \$1 495.00

SIGNATURE _____

PAYMENT OPTIONS

Online Please tick

Return to the Online Shopping Cart and select your product to make payment on line

Payment by Bank Deposit Please tick

Bank: Bank of Queensland Ltd
BSB: 124 001
Account number: 20970825
Account name: Professional Corporate Services

Payment by Credit Card - Mastercard/ Visa Please tick

Type of Card: VISA MASTERCARD

Credit card number _____ Expiry date _____ / _____

Name on Card _____

Pre Approved Credit Terms Please tick

PRINT AND FAX COMPLETED FORM TO 07 5535 3177