

**UNIT TRUST**

Ordered by (Firm) \_\_\_\_\_ Date \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

**NAME OF TRUST**

Name \_\_\_\_\_

**NAME OF APPOINTER**

Name \_\_\_\_\_

**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 one 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: \$380.00**

**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**