

Fax To:
Company Incorporations Australia
UNIT TRUST – ORDER FORM

phone: 1800 179 329
 facsimile: 1800 631 533
 email: sales@lawsoft.com.au

NAME OF TRUST AND STATE OF OPERATION

Stamp Duty State/Territory _____

SETTLOR:

Name: _____

Address: _____

SETTLED SUM

Amount \$20.00

TRUSTEE

Name: _____

Address: _____

IF CORPORATE TRUSTEE: Name: _____ ACN _____

Directors Names if Corporate Trustee _____

UNIT HOLDERS

Name	Address	Class of Units	No. of Units

To Company Incorporations Australia : You are appointed to act as our agent to procure a Trust Deed and ancillary legal documentation from a solicitor, the particulars for such trust deed and legal documents being set out hereinbefore. In consideration for your acting as our agent, payment of solicitors costs, attending to compilation of materials in a register and delivery of same we shall pay you such amounts as agreed.

APPLICANT DETAILS (FIRM):

Contact Person _____ ph: _____ fax _____

Address _____

email _____ Signature _____

Payment required on order

Payment Chq enclosed Cash Direct Deposit *
 Or charge by credit Bankcard Mastercard Visa

Amount \$ _____

Card Number _____ Expiry Date _____

Name of cardholder _____ Signature _____

*Direct deposit details: Bank/Branch NAB King William Street, Adelaide Date Deposit Transferred
 BSB 085 070 Account 69-679-4709 / /