## **Shelfcom**

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phone:

email:

(08) 8231 6661 admin@shelfcom.com.au

| ADDRESS  | APPLICANT DETAILS - NAME                    |             |
|--|---|-------------|
| PHONE  |   |             |
| TRUSTEES (Individuals) - If applicable         FULL LEGAL NAME         ADDRESS         FULL LEGAL NAME         ADDRESS         FULL LEGAL NAME         ADDRESS         QR         TRUSTEE (Corporate Trustee) - If applicable         COMPANY NAME         A.C.N.         DIRECTORS FULL LEGAL NAMES         REGISTERED OFFICE ADDRESS         MEMBER/S         FULL LEGAL NAME         ADDRESS         DATE OF BIRTH         Credit Card Number         Credit Card Number         Expiry Date         Annount Due: \$506.00         (please call our office on 08 8231 6661 if you would prefer to pay by credit card over the phone)         Credit Card Number       Expiry Date         Name of Cardholder       Signat   |   |             |
| TRUSTEES (Individuals) - If applicable         FULL LEGAL NAME         ADDRESS         FULL LEGAL NAME         ADDRESS         FULL LEGAL NAME         ADDRESS         QR         TRUSTEE (Corporate Trustee) - If applicable         COMPANY NAME         A.C.N.         DIRECTORS FULL LEGAL NAMES         REGISTERED OFFICE ADDRESS         MEMBER/S         FULL LEGAL NAME         ADDRESS         DATE OF BIRTH         Credit Card Number         Credit Card Number         Expiry Date         Annount Due: \$506.00         (please call our office on 08 8231 6661 if you would prefer to pay by credit card over the phone)         Credit Card Number       Expiry Date         Name of Cardholder       Signat   | NAME OF SUPER FUND                          |             |
| FULL LEGAL NAME     ADDRESS      FULL LEGAL NAME   ADDRESS <b>OR TRUSTEE (Corporate Trustee) - If applicable</b> COMPANY NAME   A.C.N.   |   |             |
| FULL LEGAL NAME     ADDRESS      FULL LEGAL NAME   ADDRESS <b>OR TRUSTEE (Corporate Trustee) - If applicable</b> COMPANY NAME   A.C.N.   |   |             |
| ADDRESS  | TRUSTEES (Individuals) - If applicable      |             |
| FULL LEGAL NAME  | FULL LEGAL NAME                             |             |
| ADDRESS  | ADDRESS                                     |             |
| OR         COMPANY NAME         COMPANY NAME         A.C.N.         DIRECTORS FULL LEGAL NAMES         REGISTERED OFFICE ADDRESS         MEMBER/S         FULL LEGAL NAME         ADRESS         DATE OF BIRTH         FULL LEGAL NAME         ADDRESS         DATE OF BIRTH         State of BIRTH         Credit Card Number         Expiry Date         Name of Cardholder         Name of Cardholder         Name of Cardholder         Name of Cardholder         Note: Trust Deeds will be prepared by Mellor Olsson (a law firm associated with Shellcorn). I authorise Mellor Olsson to charge my credit card over the Amount Due described above.   | FULL LEGAL NAME                             |             |
| OR         COMPANY NAME         COMPANY NAME         A.C.N.         DIRECTORS FULL LEGAL NAMES         REGISTERED OFFICE ADDRESS         MEMBER/S         FULL LEGAL NAME         ADRESS         DATE OF BIRTH         FULL LEGAL NAME         ADDRESS         DATE OF BIRTH         State of BIRTH         Credit Card Number         Expiry Date         Name of Cardholder         Name of Cardholder         Name of Cardholder         Name of Cardholder         Note: Trust Deeds will be prepared by Mellor Olsson (a law firm associated with Shellcorn). I authorise Mellor Olsson to charge my credit card over the Amount Due described above.   | ADDRESS                                     |             |
| TRUSTEE (Corporate Trustee) - If applicable         COMPANY NAME   | OR  |             |
| COMPANY NAME   |   |             |
| A.C.N.   DIRECTORS FULL LEGAL NAMES   REGISTERED OFFICE ADDRESS     MEMBER/S   FULL LEGAL NAME   ADDRESS   DATE OF BIRTH   PAYMENT DETAILS VISA MASTERCARD Amount Due: \$506.00 (please call our office on 08 8231 6661 if you would prefer to pay by credit card over the phone) Credit Card Number Expiry Date Name of Cardholder Signature of Cardholder Note: Trust Deeds will be prepared by Mellor Olsson (a law firm associated with Shelfcom). I authorise Mellor Olsson to charge my credit card for the Amount Due described above.  | TRUSTEE (Corporate Trustee) - If applicable |             |
| DIRECTORS FULL LEGAL NAMES   REGISTERED OFFICE ADDRESS     MEMBER/S   FULL LEGAL NAME   ADDRESS   DATE OF BIRTH   FULL LEGAL NAME   ADDRESS     DATE OF BIRTH   FULL LEGAL NAME     ADDRESS     DATE OF BIRTH     FULL LEGAL NAME     ADDRESS     DATE OF BIRTH     FULL LEGAL NAME     ADDRESS     Core of the Address of the | COMPANY NAME                                |             |
| REGISTERED OFFICE ADDRESS     MEMBER/S     FULL LEGAL NAME     ADDRESS   DATE OF BIRTH   FULL LEGAL NAME   ADDRESS     ADDRESS     ADDRESS     ADDRESS     ADDRESS     PAYMENT DETAILS   VISA   MASTERCARD   Amount Due: \$506.00        (please call our office on 08 8231 6661 if you would prefer to pay by credit card over the phone)     Credit Card Number   Name of Cardholder   Name of Cardholder   Name of Cardholder   Signature of Cardholder   Note: Trust Deeds will be prepared by Mellor Olsson (a law firm associated with Shelfcom). I authorise Mellor Olsson to charge my credit card for the Amount Due described above.   | A.C.N                                       |             |
| MEMBER/S         FULL LEGAL NAME   | DIRECTORS FULL LEGAL NAMES                  |             |
| FULL LEGAL NAME  | REGISTERED OFFICE ADDRESS                   |             |
| ADDRESS  | MEMBER/S                                    |             |
| ADDRESS  | FULL LEGAL NAME                             |             |
| DATE OF BIRTH  |   |             |
| FULL LEGAL NAME  |   |             |
| ADDRESS<br>DATE OF BIRTH<br>PAYMENT DETAILS VISA MASTERCARD Amount Due: \$506.00<br>(please call our office on 08 8231 6661 if you would prefer to pay by credit card over the phone)<br>Credit Card Number Expiry Date<br>Name of Cardholder Signature of Cardholder<br>Note: Trust Deeds will be prepared by Mellor Olsson (a law firm associated with Shelfcom). I authorise Mellor Olsson to charge my<br>credit card for the Amount Due described above.  | FULL LEGAL NAME                             |             |
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| Mellor Olsson BSB: 105-900 Account No. 977417640 (quote Trust name as reference & attach proof of payment)   |   |             |

SUPER FUND ORDER FORM (SMSF)

Shelfcom (SA) Pty Ltd trading as Shelfcom ABN 20 794 235 274 Level 6, 89 Pirie Street, Adelaide SA 5000