

UNIT TRUST ORDER FORM

APPLICANT DETAILS - NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

TRUST TO BE KNOWN AS (Name of Trust) _____

SETTLEMENT SUM \$ _____

SETTLOR

FULL LEGAL NAME _____

ADDRESS _____

TRUSTEE/S

FULL LEGAL NAME _____

ADDRESS _____

*** If Trustee is a Company, provide Company Name, A.C.N. and Registered Office Address above.**

UNIT HOLDERS

FULL LEGAL NAME _____

ADDRESS _____

NUMBER OF UNITS _____

FULL LEGAL NAME _____

ADDRESS _____

NUMBER OF UNITS _____

FULL LEGAL NAME _____

ADDRESS _____

NUMBER OF UNITS _____

FULL LEGAL NAME _____

ADDRESS _____

NUMBER OF UNITS _____

*** If Unit Holder is a Company, provide Company Name, A.C.N. and Registered Office Address above.**

*** Provide Name of Trust - If Units are held on behalf of a trust.**

PAYMENT DETAILS	<input type="checkbox"/> VISA	<input type="checkbox"/> 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.			
Or Direct Deposit			
Mellor Olsson BSB: 105-900 Account No. 977417640 (quote Trust name as reference & attach proof of payment)			