

ORDER FORM - NEW TRUST

*Please complete all details in block letters

SECTION 1: TRUSTEES

TRUSTEE 1

FULL NAME

ADDRESS (street)				
POSTAL ADDRESS			TAX FILE NO	0.
EMAIL ADDRESS				
PHONE NUMBERS	(W) (H)		(M) (F)	
DATE OF BIRTH		PLACE OF BIRTH		
TRUSTEE 2				
FULL NAME				
ADDRESS (street)				
POSTAL ADDRESS			TAX FILE N	0.
EMAIL ADDRESS				
PHONE/FAX NUMBERS	(W) (H)		(M) (F)	
DATE OF BIRTH		PLACE OF I	BIRTH	

Built on reputation

Principals
Terry Fanning
Ross Greatrex

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PO Box 6080, Townsville QLD 4810

Liability limited by a scheme approved under professional standards legislation

SECTION 2: ACCOUNTANTS			
FIRM NAME	ACCOUNTANT		
ADDRESS	PHONE:		
	EMAIL:		
SECTION 3: BANKING			
BANK	CONTACT PERSON		
BRANCH ADDRESS	PHONE:		
	EMAIL:		
SIGNATORIES TO CHEQUES either trus	tee □ both trustees □	any trustee	
SECTION 4: BUSINESS DETAILS			
PRINCIPAL ACTIVITY			
BUSINESS ADDRESS			
SECTION 5: DISCRETIONARY TRUST			
FULL NAME OF TRUST (eg. Brown Family Discret	ionary Trust)		
Is the trustee to be a beneficiary of the Trust?		☐ Yes	□ No
We recommend that there not be an individual trustee a no trust where the sole trustee is also a beneficiary so a			
Are Capital Beneficiaries restricted to direct desce Beneficiary?	endants of Primary	☐ Yes	□No
Vesting Date of Existing Trust if applicable		//.	••••
SECTION 6: PRIMARY BENEFICIARIES			
PRIMARY BENEFICIARIES			
SECTION 7: PRINCIPALS			
PRINCIPALS			

NOTE: If there are more trustees, please copy page and fill in further details.

